

# STD/AIDS Peer Educator Training Manual (193)

*A complete guide for trainers of peer educators in the  
prevention of STDs including HIV/AIDS*

ANSICHTSEXEMPLAR



National AIDS Control Programme  
United Republic of Tanzania Ministry of Health



**Community Health Cell**  
*Library and Documentation Unit*  
BANGALORE









# STD/AIDS Peer Educator Training Manual

*A complete guide for trainers of peer educators in the prevention of STDs including HIV/AIDS*

Produced under the collaborative efforts of:

## **AIDSTECH**

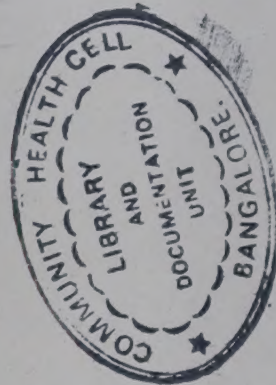
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# Introduction

## ***Why is education on STDs including AIDS important?***

AIDS and other sexually transmitted diseases (STDs) are threatening families and communities throughout the world. The response to these public health concerns must be varied and direct. Cures and vaccines for some of these illnesses do not exist. Treatments, if they do exist, are often too costly for many people in developing countries. Education and prevention are the most effective means we have to overcome these challenges.

## ***What educational techniques work best?***

Family Health International (FHI) has successfully used the peer education model to control the spread of AIDS and other STDs in community-based projects throughout the developing world. The peer education model is based on evidence that information received from someone of the same social group is more readily accepted and valued. In this case, important health information is given by people who are trusted. Peer educators who model risk-reducing behaviours, such as using condoms and promptly treating STDs, encourage others to also change their behaviours.

The educational philosophy that forms the foundation of this manual for trainers of peer educators is that training is an exchange between the trainer and the participants. The role of the trainer is to assist the participants in the learning process. In each workshop exercise, individual participants share experience and thoughts which enhance the learning process for everyone. Regardless of their level of formal education, each participant has a valuable contribution to make and should be encouraged to be an active partner in the learning process. Because of the emphasis placed on this "active partnership," trainers are referred to as "facilitators" throughout this manual. In their role as facilitators, they help structure the workshop exercises to encourage sharing and learning, rather than simply teaching participants to complete mindless tasks or memorize information.



## INSTRUCTIONS FOR

# Manual Use

### *Who should use this manual?*

This manual has been designed for use by trainers of peer educators dedicated to STD/AIDS prevention. It can be used by trainers from many organizations including ministries of health, government agencies, private volunteer organizations, and non-governmental and community-based organizations who provide training for outreach workers.

Trainers, serving as facilitators for the workshop exercises described in this manual, should have a moderate level of experience conducting similar group activities. Ideally, the workshop facilitators will have had the opportunity to attend a "training of trainers" session before attempting to conduct these exercises on their own. To be most effective, facilitators should also have a basic understanding of the issues affecting the workshop participants and their peers. A basic knowledge of STDs including AIDS is also necessary.

### *What is the manual designed to do?*

This manual gives workshop facilitators the information they need to train peer educators about the health-related issues which affect groups at risk of getting STDs. These "at-risk" groups may include commercial sex workers (CSWs), other people who have sex with multiple partners, and sexual partners of people who engage in risky behaviours. The manual provides current information on the topics and suggests activities designed to help peer educators retain the facts as well as learn to teach their peers.

### *When should this manual and related materials be used?*

This manual can be the basis of a workshop for training new peer educators or used as a refresher course for training experienced peer educators. Some changes may be required to be sure that each exercise and/or the related materials are appropriate for the workshop participants.

The Appendices contain valuable reference information including: 1) a glossary which gives definitions of terms used in the manual, 2) a sample agenda which shows one possible schedule for the workshop, 3) a list of additional resources which can be used to add to the information and exercises in this manual, and 4) a bibliography of sources used for this manual.

A companion document, *The Illustrated Peer Educator Workbook*, was developed to assist the workshop participants in their roles as peer educators. The workbook highlights key information outlined in the chapters of this manual. As the title suggests, the workbook contains many illustrations designed to encourage discussion of key issues without relying on words (some peer educators and members of their peer group may have difficulty reading). For peer educators who can read and write, a set of questions follows each illustration to help guide the discussion and prompt the peer educators to share important information. Space is provided after each question for the peer educators to record notes and/or answers to the questions.

During the workshop the facilitator will encourage the participants to get to know the illustrations in the workbook and related exercises from the workshop. It is anticipated that peer educators will use the workbook as their primary teaching tool during the group and individual training sessions which they conduct with their peers. It is also expected that the exercises and techniques used by the facilitator during the workshop will be changed and used by the peer educators. When possible, other educational materials such as penis models, "how to" flyers, and condoms should be provided by the project. Posters, "how to" flyers, condoms, t-shirts, stickers, hats, bags, etc. also serve to reinforce the training message and motivate behaviour change.

### ***How should this manual be used?***

The manual is carefully arranged to make it easy to use while conducting a training workshop. The manual is made up of eight chapters which present specific topic areas of information on STD and AIDS prevention, anatomy, counselling, and adult education. The chapters are further divided into sections. A summary page appears at the beginning of each section which describes the objectives of the exercises, the methods and materials which will be used, and the duration of each of the exercises in that section.

Each section contains exercises in a format similar to that shown in the Sample Exercise (see next three pages). The Sample Exercise, which includes the figures, Preparing for Your Workshop and Training Tips for Workshop Facilitators, contains valuable information. **All manual users should carefully read these pages!**



## Facts to Know

Throughout this manual, the facts and information which the workshop participants should understand at the end of an exercise are contained in a gray shaded box like this one. When a figure(s) has been created to give additional information, this box will tell the facilitator to refer to the figure located on the following page(s) as shown in the example below.

### SEE SAMPLE FIGURES ► ► ►

*Figures are designed to serve as visual aids and/or prompts for use during the exercises. When speaking to larger groups, it may be best to use larger versions of the illustrations so that they can be easily seen by everyone. Some of the figures are charts which the facilitator will draw on poster board or a chalkboard as part of a lecture or discussion.*

*If the page has a "peer educator" symbol in the top right-hand corner, then the figure and/or illustration also appears in the Illustrated Peer Educator Workbook. The facilitator should tell the participants the page number of the figure in their workbook so that they become familiar with the illustrations.*

## Sample Exercise

peer educator symbol

means that a figure also appears  
in the Illustrated Workbook



*Note: Notes to the facilitator, like this one, appear throughout the manual. These notes are very important as they provide additional advice to the facilitator regarding their approach to the exercise and possible reactions from the participants.*

The facilitator will:

Under this heading is a step-by-step set of instructions to the facilitator(s) explaining how to conduct each exercise. "Action words" in each step are highlighted in **bold type** for easy reference during the workshop. The facilitators should read all of the steps carefully and be sure that any materials required for the exercise are ready for use. Two figures, Preparing for Your Workshop and Training Tips for Workshop Facilitators were developed as part of this sample exercise and are included on the following pages. Workshop facilitators should review these figures carefully and follow the advice while planning and conducting the workshop.

# Preparing for Your Workshop

To have a successful workshop, a good facilitator knows that careful planning must take place many weeks before the actual event. As you plan your workshop, review the following list and check items as you complete them:

## 1- Establish Objectives for the Workshop

- ☐ determine intended audience and establish criteria for participants
- ☐ assess training needs
- ☐ develop a detailed budget
- ☐ identify workshop facilitator(s) and assistant(s); check on their availability, subject knowledge, skills, and abilities

## 2- Arrange Logistics

- ☐ decide date and location of workshop
- ☐ determine cost per participant for food, lodging, transportation, materials, etc.

## 3- Identify Participants

- ☐ send out letters of invitation
- ☐ keep a record of responses

## 4- Prepare and Review Curriculum

- ☐ design workshop activities
- ☐ determine documents to use based on training needs of participants

## 5- Prepare Materials and Equipment

- ☐ develop or collect handouts, notebooks, videos, slides, flipcharts, tape, newsprint/poster paper, chalkboard, paper, pencils, markers, chalk, etc.
- ☐ arrange use of video player, television, film or slide projector, overhead projector, etc. as needed

## 6- Develop Workshop Evaluation

- ☐ create pre- and post- test evaluation forms



# Training Tips for Workshop Facilitators

- 1- Read all parts of each exercise carefully before beginning.
- 2- Consult the Appendices for additional resources if you feel that you do not know enough about the topic. If necessary, ask a guest speaker to assist you with the exercise.
- 3- Check that all materials needed to complete an exercise are ready.
- 4- Follow the steps described for each exercise.
- 5- At the start of each section, explain to the participants the objectives of the exercises included in that section.
- 6- Give clear instructions to the participants.
- 7- Provide frequent praise to encourage participation.
- 8- Record important facts and information on poster board or a chalkboard to facilitate the learning process for the participants.
- 9- Involve all participants in the discussions.
- 10- Show respect for all participants.
- 11- Give participants many opportunities to practice in their new roles as peer educators. Encourage participants to: a) familiarize themselves with the illustrations and questions presented in the *Illustrated Peer Educator Workbook*, b) imagine how they will use the *Workbook* during the peer education sessions which they will conduct on their own, and c) note exercises and techniques used during the workshop which they would like to use or change.
- 12- Encourage the participants to ask questions if they do not understand a topic or instructions for an exercise and/or ask questions of the participants to make sure they understand.
- 13- Review key points of information before concluding an exercise.
- 14- Ask for comments from the participants regarding what they think of the workshop. Use this feedback to improve your training style.





## Chapter 1 Contents

### Section A: Welcome/Getting Acquainted

### Section B: How Adults Learn Best

#### Figures

What made the learning experience so good?

Cone of Experience

Ways of Learning/Ways of Teaching

## CHAPTER

# 1

### Introduction to the Workshop

# SECTION

# A

## Welcome/Getting Acquainted

### Objectives

At the end of this section participants will:

- 1- Be able to state names and some additional information about each participant.
- 2- Be able to identify their hopes and expectations of the workshop and describe how the workshop might be useful to them.
- 3- Be able to describe the purpose of the workshop.
- 4- Have gained experience speaking in front of the group.

### Methodology

Large group discussion, paired and large group activities

### Materials Required

- name tags (small pieces of paper and pins)
- newsprint/poster board and markers and/or chalkboard and chalk (newsprint/poster board is preferred as it allows you to keep a record for later reference)
- paper and pens/pencils
- one copy of the *Illustrated Peer Educator Workbook* for each participant

### Duration

1 hour 30 minutes; three exercises 15, 45, 30 minutes



## Exercise A.1 (15 minutes)

The facilitator will:

- 1- **Greet** individuals as they enter the meeting area.
- 2- Make sure that each participant **picks up their name tag** and a copy of the ***Illustrated Peer Educator Workbook***. Ask participants to pin the name tag onto their clothing where they will be easy to read.
- 3- After everyone has assembled:
  - **welcome** participants
  - **introduce** self and other facilitators (explain workshop responsibilities, nature of involvement with workshop, usual work related or other responsibilities)
  - give a brief **thanks** to sponsors, acknowledgment of organizers
  - **inform** participants of availability and location of toilet, drinking, and other facilities
  - give a very brief **overview of the day's plan**
  - tell participants what will be **expected** of them in terms of attendance, participation, and follow-up
  - other announcements: \_\_\_\_\_

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## Exercise A.2 (45 minutes)

*Note: People learn better in situations where they feel comfortable. Workshop facilitators are responsible for helping to create an atmosphere where all participants can feel relaxed. This is usually done using "icebreaker or warm-up" exercises, like learning each others names and sharing funny stories and experiences. Some people relax and feel comfortable in group situations while others have difficulty. Facilitators should try to draw out each individual by giving all participants equal opportunities to participate.*

The facilitator will:

- 1- **Explain** that before beginning their work together, the participants will try to **learn more about each other**.
- 2- **Instruct participants to divide into pairs** (the pairs should be made up of people who do not already know each other; the facilitator can be paired up with a participant if there is an odd number of participants).
- 3- **Ask each partner in the pair to conduct a brief interview** to find out the name(s) of their partner, the origin of their name(s), where they work, their job, what they do after work, and what they do to have fun (allot about 10 minutes).
- 4- After the interview, **ask each participant to introduce their partner** to the rest of the group, summarizing the information they learned.
- 5- In summary, **review striking points about the group**, reinforcing the different skills that are present and **emphasizing that all participants will share** what they know and make a valuable contribution during the course of the workshop.



## Exercise A.3 (30 minutes)

*Note: The facilitator(s) should again reinforce the "participatory" nature of the workshop exercises (drawing attention to how each participant was active in the introductory exercise). Facilitators should encourage everyone to have fun with the group exercises and continue to be active participants (it may be different than other training they have had in the past).*

The facilitator will:

- 1- **Provide a brief orientation** for the participants regarding the **purpose** of the workshop.
- 2- **Ask** the participants what they hope to gain from the workshop. As **each participant tells his/her expectations** of the workshop, **record the responses** on poster board or a chalkboard.
- 3- **Review the planned agenda** with the group.
- 4- **Compare the agenda with the participants' expectations** and note where they match and differ. Conduct a **brief discussion of how any differences can be resolved**. (At the end of the workshop, participants can refer to the poster board to determine if the workshop objectives and their expectations were met.)

# SECTION

# B

## How Adults Learn Best

### Objectives

At the end of this section participants will be able to:

- 1- Describe the factors that make good learning experiences. Describe how these might be different for adults and children.
- 2- Describe ways that are effective for teaching information to adults.
- 3- Identify their own "favourite" learning styles.
- 4- Identify teaching strategies which facilitate adult learning and those which are barriers to learning.
- 5- In particular, identify strategies for treating each other as equals (breaking the "traditional" teacher/student stereotypes).

### Methodology

Presentation, brief lecture, large group discussion, small group activity

### Materials Required

- newsprint/poster board and markers and/or chalkboard and chalk
- paper and pens/pencils

### Duration

1 hour 45 minutes; three exercises, 45, 15, 45 minutes



## Facts to Know

### SEE FIGURES B.1.A & B.1.B ► ►

The figure, "What made the learning experience so good?" categorizes some of the reasons which people might offer in response to the question. The "Cone of Experience" demonstrates that whenever possible teaching/learning experiences should involve doing!

### Effective Learning Activities

All people have different ways they like to learn but everyone needs certain things, including:

respect- the learner needs to feel heard, honoured and respected as a person for more than what he/she knows or doesn't know; democratic social arrangements promote better, more humane experiences

immediacy- takes something from previous experience and relates it to something that will come after; the learner should be able to identify how he/she can use his/her knowledge, skills, and attitudes in the exercise of learning what is being taught

experience- the learner gets to do something and can see how what he/she is learning has something to do with his/her own life experience; cooperative enterprise where people share their expertise

## Exercise B.1 (45 minutes)



*Note: In this exercise the facilitator introduces the idea that there are different methods of learning and in different situations, some methods are more effective than others. By encouraging the participants to analyze (think about) the way they like to learn they can then make decisions about how they want to act as peer educators. Part of this "analysis" will involve examining how they learned and were taught as children and how they like to be treated now as adults.*

The facilitator will:

- 1- **Share** with the participants one of his/her own "**best**" learning experiences (i.e., when I was young, my mom showed me how to make a special stew and then let me do it on my own, while standing by to answer my questions).
- 2- **Ask the participants to break up into small groups** (three people in each group) and **discuss** with each other what they found to be their best learning experience (as children or adults) and **think about** what made that experience so good (allot about 15 minutes).
- 3- After the small group discussions, **ask the participants to return to the large group** and **share the ideas** from their small group discussion regarding what they believe makes a good learning situation. **Lead a discussion which relates the participants' ideas to the key concepts** outlined in the "Facts to Know" box and described in Figure B.1.A, page 8. **Record the suggestions** on poster board or a chalkboard as they are offered by the participants (allot about 20 minutes).
- 4- **Present** Figure B.1.B, page 9 (page 2 in the participant workbook), and help the participants **identify the similarities** between what they have found to be "good" in their own experiences and what an "expert" identified as the best ways to learn. **Highlight the concepts of respect and immediacy**, important concepts not shown in the figure (allot about 10 minutes).
- 5- **Review the important points and ask for feedback** (questions and/or comments) from the participants.

# What made the learning experience so good?

- **It was useful**  
(made something I could eat, could use the information in decision making, saw that it makes a difference, somehow affected by the consequences of what I learned, worked with real people dealing with real problems, used new skill right away)
- **It involved actual doing**  
(walked through it, did it with someone else, practical exposure, opportunity to practice procedures, did something practical and saw the outcomes)
- **It felt comfortable and/or safe**  
(comfortable/safe environment, no exams, easy exchange of information, no pretense, non-threatening, met with new people, treated as an adult with something to share, good interactions between learners and facilitators, not treated as a fool, overcame fear of doing something, empathized with others in the same situation)
- **It was something I wanted to learn**  
(liked what I was learning, freedom to choose what to learn, choice about when to learn)
- **It was done with other people**  
(worked with someone with more experience, figured things out together)
- **It made me feel proud for learning something difficult**  
(did something on my own that made me proud, learned to do something by myself that others perceive as difficult, overcame challenging tasks, succeeded at something)



# Cone of Experience

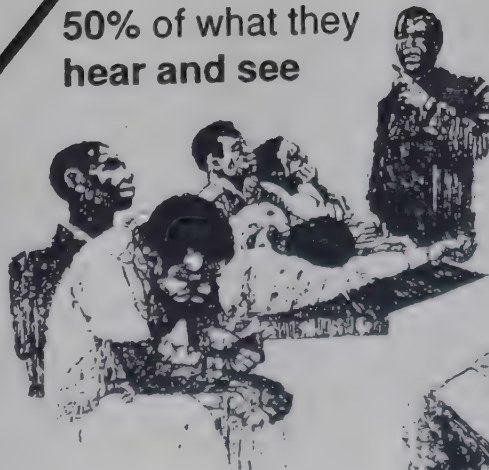
People generally remember:



10% of what  
they read

People learn best when  
they are actively involved  
in the learning process.

50% of what they  
hear and see



90% of  
what they  
say as  
they do a  
thing

(see Knowles, Malcolm. *The Modern Practice of Adult Education: Andragogy vs. Pedagogy*. Englewood Cliffs, NJ: Prentice Hall, 1970.)

## Exercise B.2 (15 minutes)

*Note: In this exercise, the facilitator will role-play an inappropriate style of teaching. The participants will act as themselves. After the very brief introduction: "In the next exercise we are going to discuss how to make a chair" (or some other object such as a bed or a table); the facilitator will proceed in a stern manner without paying attention to the reactions of the participants regarding the silly idea that they are going to have a lesson on chair making. The facilitator will read the following paragraph, rather quickly without being friendly or sympathetic to the group. After the exercise, encourage the group to laugh at your role-playing.*

The facilitator will:

- 1- **Introduce** the exercise to the large group by saying:

***"In this exercise we are going to discuss how to make a chair. I want you all to join in the discussion."*** (Look directly at one participant and say) ***"Mr./Mrs. \_\_\_\_\_, do you know how to make a chair?"*** (Regardless of the answer, do not respond. Look at another participant and say), ***"Mr./Mrs. \_\_\_\_\_, do you know how to make a chair?"*** (Again, do not respond to the answer given. Look at another participant and say), ***"Mr./Mrs. \_\_\_\_\_, what do you need to make a chair?"*** (Whatever the person answers, interrupt them and say), ***"No, what you need to make a chair is eight pieces of wood. Nail four short pieces of wood to the corners of a flat, square piece of wood. Then nail the remaining pieces together and attach these to the square to form the backrest. Put a cushion on the flat square and you have a chair. Everyone should have a chair to sit on... Now, does everyone know how to make a chair?"***

- 2- **Pause** for a minute and **say** to the group:

***"How did you feel about our discussion and the way I presented the lesson?"*** (This question and the realization that you were role-playing should cause some laughter.) ***"Do you all now know how to make a chair?"*** (This question should elicit "NO!" responses from the group.)



## Facts to Know

### SEE FIGURE B.3

*The "Ways of Learning/Ways of Teaching" figure describes teacher centered vs. learner centered methods. Learner centered methods are preferred in most adult education settings.*

### What's wrong?

- your manner was unfriendly and frightened us
- you did not care about our answers
- most of the questions you asked required only a yes or no answer, not discussion
- when someone answered, you said he/she was wrong
- you spoke too fast
- your information and instructions were confusing
- you said everyone should have a chair but other things work just as well
- we are not interested in learning about making chairs
- you said we needed wood and a cushion, and such things are not available
- you didn't show us a chair so we could not visualize what you were talking about
- we didn't practice making a chair
- you made us feel stupid
- you never gave us the opportunity to share our knowledge

## Exercise B.3 (45 minutes)

After the group settles down from the chair making activity, the facilitator will:

- 1- Ask the participants to **divide into small groups** of three.
- 2- Instruct the groups to **identify particular problems with the teaching approach** used in the chair building activity and ask the groups to **brainstorm** (think of) **methods to improve the approach**. Ask the small groups to consider how the improvements to the chair building exercise can be useful to them as peer educators. Ask each small group to **select a spokesperson** to record and report the problems and solutions which they identify (allot about 20 minutes).
- 3- **Ask the participants to return to the large group**. Ask each spokesperson to **share their groups' ideas** with the larger group. **Record both the problems identified and the suggestions for improvement** on poster board or a chalkboard. The list should identify problems such as those shown under the heading "What's wrong?" in the "Facts to Know" box. Clarify suggestions for improvement which may be unclear and discuss those which may not have the intended effect, or those which might work in some settings but not in others (allot about 15 minutes).
- 4- After each spokesperson has shared the problems and solutions from their small group, **lead a discussion about learning and teaching methods** using the information in Figure B.3, page 12 (allot about 10 minutes). **Challenge all the participants to identify how the learner centered methods may be useful to them as peer educators**. Ask the participants to be **aware of how you (the facilitator) use these methods** during the remainder of the workshop.
- 5- **Review the important points and ask for feedback from the participants.**

# Ways of Learning/Ways of Teaching

## Teacher Centered \*

### *Resources for learning*

- teacher in a traditional course

### *Required conditions*

- willingness to be dependent
- assumes students have no knowledge of the subject
- respect for authority
- commitment to learning as a means to an end
- competitive relationship with fellow students

### *Required skills*

- ability to listen uncritically
- ability to retain information
- ability to take notes
- ability to predict exam questions

\* the way most people were taught, **not recommended**

## Learner Centered\*\*

### *Resources for learning*

- printed materials and experts

### *Required conditions*

- intellectual curiosity, spirit of inquiry
- knowledge of resources available
- healthy skepticism toward authority
- standard to measure success
- commitment to learning

### *Required skills*

- ability to ask questions
- ability to find answers in printed materials
- ability to scan quickly
- ability to decide if something "works" (logic)
- ability to review information to produce answers to questions

\*\* the way most adults would like to be taught; **recommended**



## Chapter 2 Contents

### Section A: What are STDs?

### Section B: Symptoms of STDs

### Section C: Information About HIV/AIDS

#### Figures

Who has HIV/AIDS?

Symptoms of HIV/AIDS Infection

### Section D: Transmission and Prevention of STDs

#### Figures

How You Can Get AIDS

HIV/AIDS is Not Spread By

HIV/AIDS Infection Tree

Treating STDs

Low Risk and High Risk Sexual Activities

## CHAPTER

# 2

### Basic Facts and Information on STDs Including HIV/AIDS

# SECTION

# A

## What are STDs?

### Objectives

At the end of this section participants will be able to:

- 1- Describe the types of STDs (curable and incurable).

### Methodology

Brief lecture, large group discussion

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

20 minutes; one exercise

## Facts to Know

### What are STDs?

- the term sexually transmitted disease includes over 20 organisms and syndromes including HIV/AIDS
- caused by different tiny organisms/germs (bacteria, viruses, protozoa)
- syndromes may be genital, oral (mouth), anal, pharyngeal (throat), ophthalmic (eyes), and systemic (throughout the body)
- some STDs can be cured while others cannot (depending on the germ that caused it)
- the curable STDs are treated with antibiotics and antifungals
- it is possible to treat some of the symptoms of the incurable STDs, but these treatments do not cure the STD

## Exercise A.1 (20 minutes)

The facilitator will:

- 1- **Conduct a brief lecture and discussion** of the information outlined in the "Facts to Know" box, **What are STDs?**
- 2- **Answer questions** posed by the participants throughout the discussion.
- 3- **Record** important points on poster board or a chalkboard.
- 4- **Review the important points** and **ask for feedback** from the participants.



# SECTION

# B

## Symptoms of STDs

### Objectives

At the end of this section participants will be able to:

- 1- Describe the "typical" symptoms of common STDs.
- 2- Describe some "atypical" symptoms of STDs (including no symptoms).

### Methodology

Brief lecture, large group discussion

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

20 minutes; one exercise

## Facts to Know

### Symptoms of STDs

Many people with sexually transmitted diseases do not have any symptoms. People can be infected with more than one STD.

**General** (occurs in both males and females)

- painful urination, difficulty urinating, frequency of urination increases
- swollen and painful glands/lymph nodes in the groin
- blisters and open sores (ulcers) on the genitals, painful and/or non-painful
- nodules under the skin
- warts in the genital area
- non-itchy rash on limbs
- itching or tingling sensation in the genital area
- flu-like symptoms (headache, malaise, nausea, vomiting)
- fever, chills
- sores in the mouth

### Males

- discharge from penis (green, yellow, pus-like)

### Females

- irregular bleeding (abnormal menses)
- lower abdominal/pelvic pain
- abnormal vaginal discharge (white, yellow, green, frothy, bubbly, curd-like, pus-like, odorous)
- swelling and/or itching of the vagina; swelling of the cervix
- painful or difficult intercourse

### Infants (born to infected mothers)

- conjunctivitis (ophthalmia neonatorum), can lead to scarring of the eye and blindness if left untreated
- pneumonia

## Exercise B.1 (20 minutes)

*Note: The facilitator should record the STDs and symptoms suggested by the participants and make an effort to use the common terms (local names) throughout the workshop. It may be useful and interesting to keep a list of the "local names" and compare the various terms used by different groups.*

The facilitator will:

- 1- **Ask the participants to give common names of STDs and symptoms.**
- 2- **Discuss each suggestion** and add it to a list (recorded on the chalkboard or on poster board).
- 3- Using the information outlined in the "Facts to Know" box, **suggest and discuss other symptoms** if not offered by the participants.
- 4- **Review the important points and ask for feedback** from the participants.

Local (slang) Names for STDs and Symptoms:

gonorrhoea \_\_\_\_\_

syphilis \_\_\_\_\_

herpes \_\_\_\_\_

chancroid \_\_\_\_\_

granuloma inguinale \_\_\_\_\_

chlamydia \_\_\_\_\_

hepatitis B \_\_\_\_\_

HIV/AIDS \_\_\_\_\_

others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SECTION

# C

## Information About HIV/AIDS

### Objectives

At the end of this section participants will be able to:

- 1- Describe in general terms what the HIV virus does to the body.
- 2- Describe the common symptoms of AIDS.
- 3- Describe the limitations of tests used to detect HIV infection.

### Methodology

Brief lecture, presentation, large group discussion

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

20 minutes; one exercise



## Facts to Know

### SEE FIGURES C.1.A & C.1.B ► ►

The figure, "Who has HIV/AIDS?" demonstrates that it is not possible to tell who is HIV infected by "looking" at people. The figure, "Symptoms of HIV/AIDS Infection" lists major and minor symptoms and includes an illustration of a person with full-blown AIDS.

### Information About HIV/AIDS

- AIDS is a group of diseases caused by the human immunodeficiency virus (HIV); HIV affects the body's immune system so that the body cannot fight certain infections or cancers that it normally would be able to fight
- HIV/AIDS infection is one of the STDs that cannot be cured, people infected with HIV will most likely get AIDS and eventually die
- like other STDs, people infected with HIV can be asymptomatic (without symptoms) and spread the disease to others without knowing they are doing it
- a person can be infected with HIV and infect other people for years before "getting sick with AIDS" themselves
- AIDS symptoms also occur with other diseases and illnesses, actual diagnosis must be made using a blood test
- there are tests to determine whether a person is infected, but a person can be infected and infectious for several weeks or months before the tests will show positive for HIV (because the screening test looks for antibodies, produced by the body to fight the virus, not the virus itself)

## Exercise C.1 (20 minutes)



*Note: During your presentation and the discussion that follows, emphasize the fact that the symptoms you are describing occur in full-blown AIDS cases. People can be infected with HIV and infect others while they still "look" healthy! This concept is difficult for many people to comprehend.*

The facilitator will:

- 1- **Present** Figure C.1.A, **Who has HIV/AIDS**, page 20 in this manual and page 4 in the participant workbook, **to introduce the discussion. Encourage participants to ask questions and/or offer comments** throughout the discussion.
- 2- Using the information in the "Facts to Know" box, **conduct a brief lecture/discussion about HIV/AIDS** and **record the main points** on poster board or a chalkboard. Use Figure C.1.B, **Symptoms of HIV/AIDS**, page 21, to show the most common symptoms of HIV/AIDS. The illustration can also be found on page 28 in the participant workbook
- 3- **Review the important points** and **ask for feedback** from the participants.

# Who has HIV/AIDS?



People with HIV infection often look healthy for a long time before they get sick.



# Symptoms of HIV/AIDS Infection



## Major Symptoms

- loss of 10% of body weight
- chronic diarrhoea
- fever that lasts a long time

## Other Symptoms

- constant cough
- skin that itches all over
- herpes simplex (cold sores) and/or herpes zoster sores (shingles) that keep coming back
- thrush in the throat and mouth
- swollen glands
- memory loss or difficulty thinking clearly
- nerve damage
- tired all the time
- chronic pain (in one location or all over the body)
- easy bruising or unexplained bleeding
- new unexplained growths on the skin
- changes in hearing, taste, vision, touch, smell



# SECTION

# D

## Transmission and Prevention of STDs

### Objectives

At the end of this section participants will be able to:

- 1- Describe the ways STDs are, and are not, transmitted.
- 2- Describe the relationship between exposure and infection.
- 3- Explain why it is important to treat STDs early.
- 4- Explain why STDs should always be treated at a health clinic.
- 5- Describe the risks associated with various types of activity and the means to reduce risk of STD transmission.

### Methodology

Brief lecture, presentation, large group discussion and activities

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils
- risk behaviour cards for Exercise D.4 (optional)

### Duration

1 hour 30 minutes; four exercises, 20, 20, 20, 30 minutes

## Facts to Know

### SEE FIGURES D.1.A & D.1.B ► ►

*The "How You Can Get AIDS" and "HIV/AIDS is NOT Spread By" illustrations show that HIV/AIDS is not spread by casual contact but is spread through dirty needles, sex, and from mothers to unborn children.*

### **Transmission of STDs Including HIV/AIDS**

- STDs are spread mainly by sexual intercourse (including vaginal, anal, or oral)
  - other methods of transmission are possible depending on the type of STD; most require direct contact of mucous membranes or open cuts/sores with areas of the body containing infected blood or other bodily fluids (such as semen or vaginal secretions)  
special note regarding HIV transmission: other bodily fluids such as saliva and tears contain only small amounts of the virus and have not been shown to cause infection, however, the amount of virus present in saliva may be higher if sores are bleeding into the mouth (reason why deep/wet kissing is not always "safe"); HIV may also be present in urine and feces if blood is present
  - some blood-borne STDs, including HIV, can be transmitted by sharing contaminated needles and other skin piercing tools such as razor blades and surgical instruments for circumcision or scarification; transfusion with infected blood; and infection transmitted from a mother to her unborn baby
- (continued on page 26)*

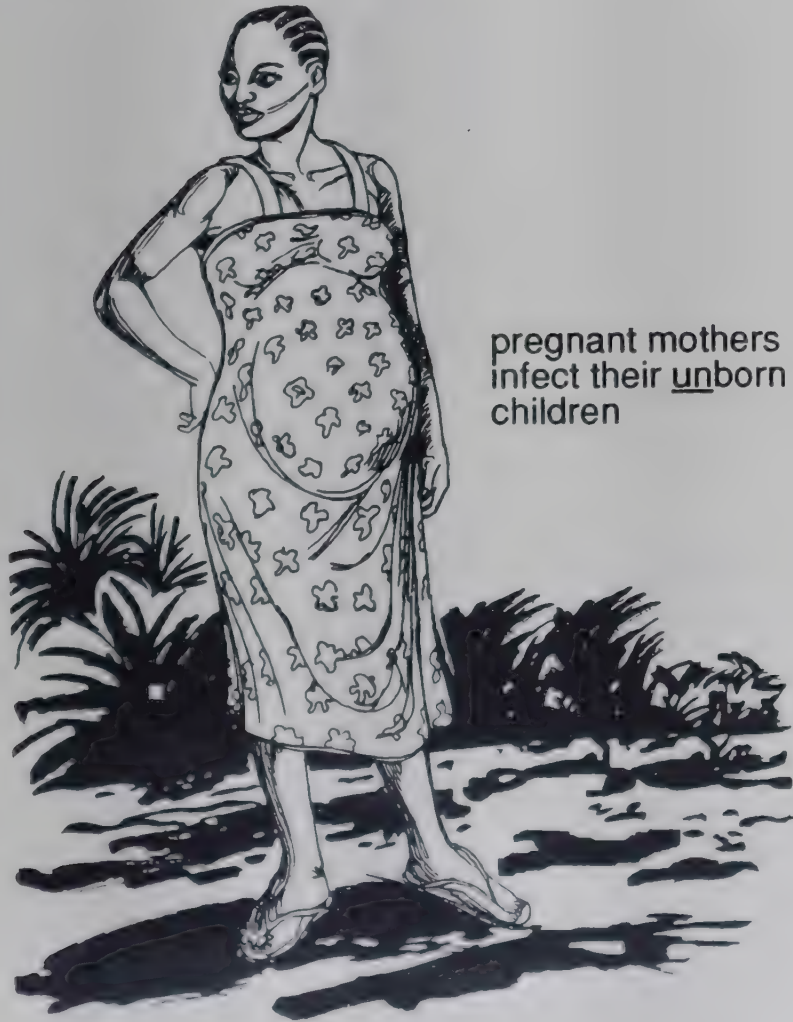
## Exercise D.1 (20 minutes)

The facilitator will:

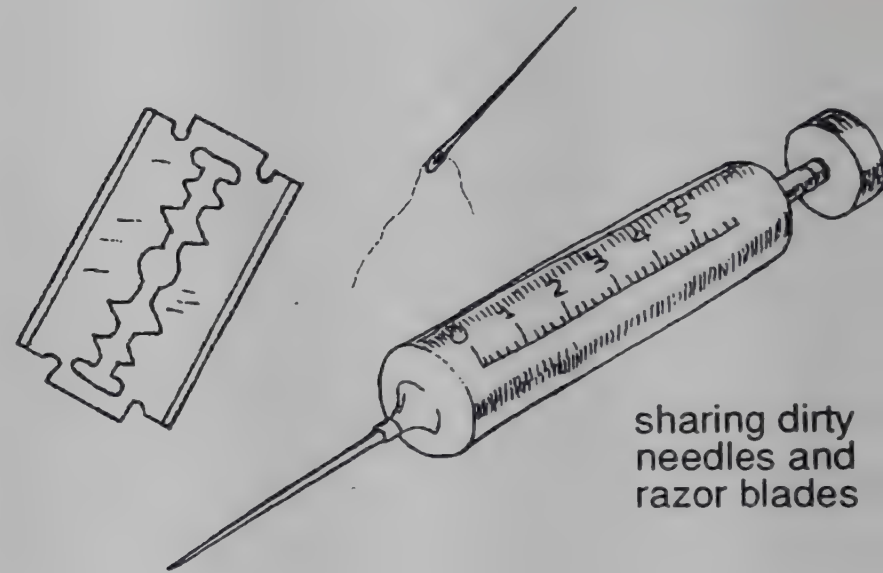
- 1- **Conduct a brief lecture on the Transmission of STDs** using the information outlined in the "Facts to Know" box. **Present** the Figures D.1.A and D.1.B, **How You Can Get AIDS** and **HIV/AIDS is Not Spread By**, pages 24-25 this manual and pages 6 and 8 in the participant workbook.
- 2- **Answer questions** posed by the participants throughout the presentation and discussion.
- 3- **Record** important points on poster board or a chalkboard.
- 4- **Review the important points** and **ask for feedback** from the participants.



# How You CAN Get AIDS



pregnant mothers  
infect their unborn  
children



sharing dirty  
needles and  
razor blades

unprotected  
sex





Figure D.1.B

# HIV/AIDS is NOT Spread By



talking

playing together



cooking



water

food

sneezing or coughing



insect bites



sharing toilet facilities



shaking hands



sharing meals



## Facts to Know

### SEE FIGURE D.2

The "HIV Infection Tree" demonstrates how the HIV/AIDS virus can spread through a group of people practicing unsafe behaviours.

### Transmission of STDs including HIV/AIDS (continued)

- STDs (including the HIV virus) are not spread by casual contact (as shown in Figure D.1.B), other contacts which do not spread HIV include living or working together, drinking fountains, telephones, paper/pencils, etc.)
- the HIV virus and agents which cause other STDs cannot survive on objects outside the human body for very long (survival time estimates vary from minutes to hours but transmission from casual contact has not been shown)
- HIV it is not transmitted through insect bites (cockroaches, ticks, flies, bed bugs, or mosquitoes)
- being exposed to someone with an STD (including HIV/AIDS) doesn't necessarily mean you will get it BUT the more times you expose yourself the more likely you are to get infected (some people get infected after only one contact)
- infection with other STDs makes a person more likely to contract HIV/AIDS (especially if the other STDs have caused open sores)

## Exercise D.2 (20 minutes)

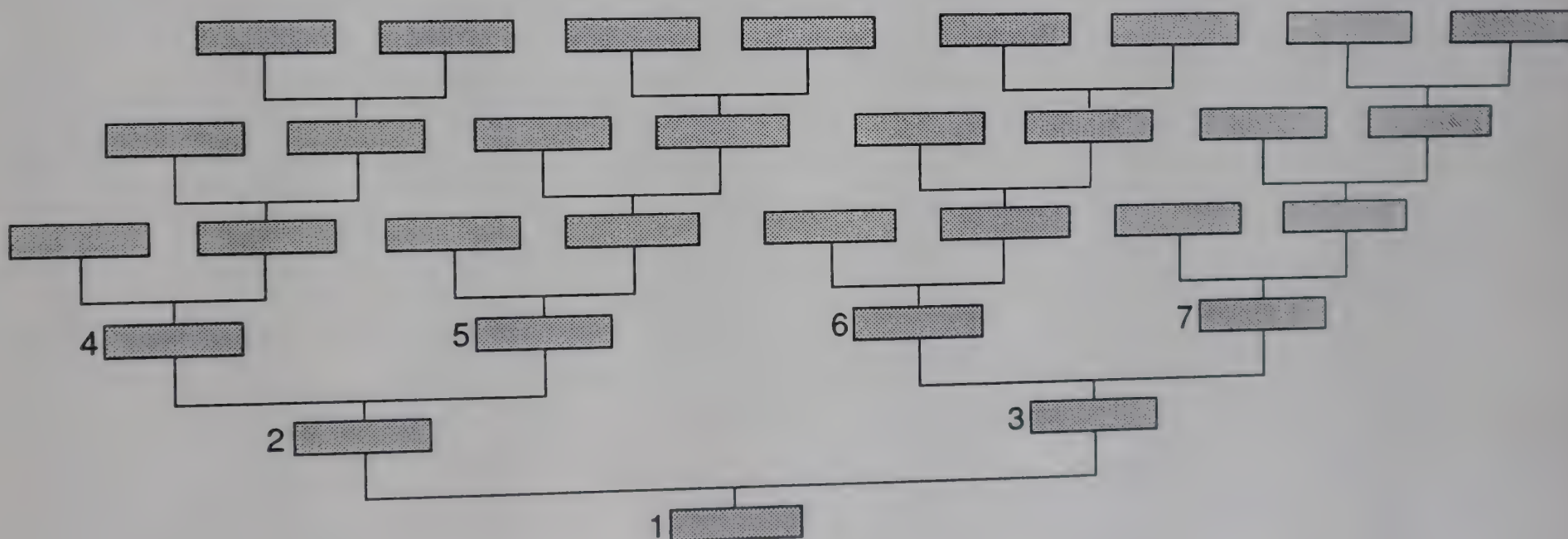
\*\*\*\*\* Note \*\*\*\*\*  
In a break preceding this exercise, approach one of the participants and ask if they would volunteer to be the "HIV infected person" in the next activity.

The facilitator will:

- 1- Without any introduction, **request that each participant walk around the room and shake hands with two other participants.**
- 2- When this is complete, **identify the "HIV-infected participant"** and ask the group to **imagine** that instead of shaking hands, they had engaged in unprotected sex instead (remind participants this is just an exercise).
- 3- Ask the "infected person" **with whom he/she shook hands** and **write down the names on the HIV Infection Tree.** Ask each of those people with whom they shook hands and **record the names as a tree-type diagram** similar to Figure D.2, pages 27-28.
- 4- Continue this activity until **all contacts have been traced** or until everyone in the room has their name recorded.
- 5- After the tree is complete, use it to **create a scenario** similar to that shown in the completed example. The scenario should **illustrate the potential spread of HIV/AIDS** among a group of people and **demonstrate how HIV infection can be stopped** before it spreads throughout the entire tree by changing to "safe behaviours."
- 6- Be sure to **remind participants** that STDs including HIV cannot be spread through casual contact. Exposure during unsafe activity does not always equal infection. However, it is not possible to know who may be infected with an STD and transmission takes place without anyone knowing it.
- 7- **Review the important points** and **ask for feedback** from the participants



# HIV/AIDS Infection Tree



## Creating An HIV Infection Tree

Using a marker and poster board (or a chalkboard and chalk), write in the name of the participant who is "infected with HIV" at the bottom of the "tree" in box #1. Draw in "tree branches" up to the location of box #2 and box #3. Ask the participant who he/she shook hands with during the exercise and record their names in box #2 and #3. Ask the individuals whose names are in boxes #2 and #3 who they shook hands with— record those names in boxes #4, #5, #6, and #7. Continue this until all participant's names appear on the tree. The completed "tree" should look similar to the one shown above.

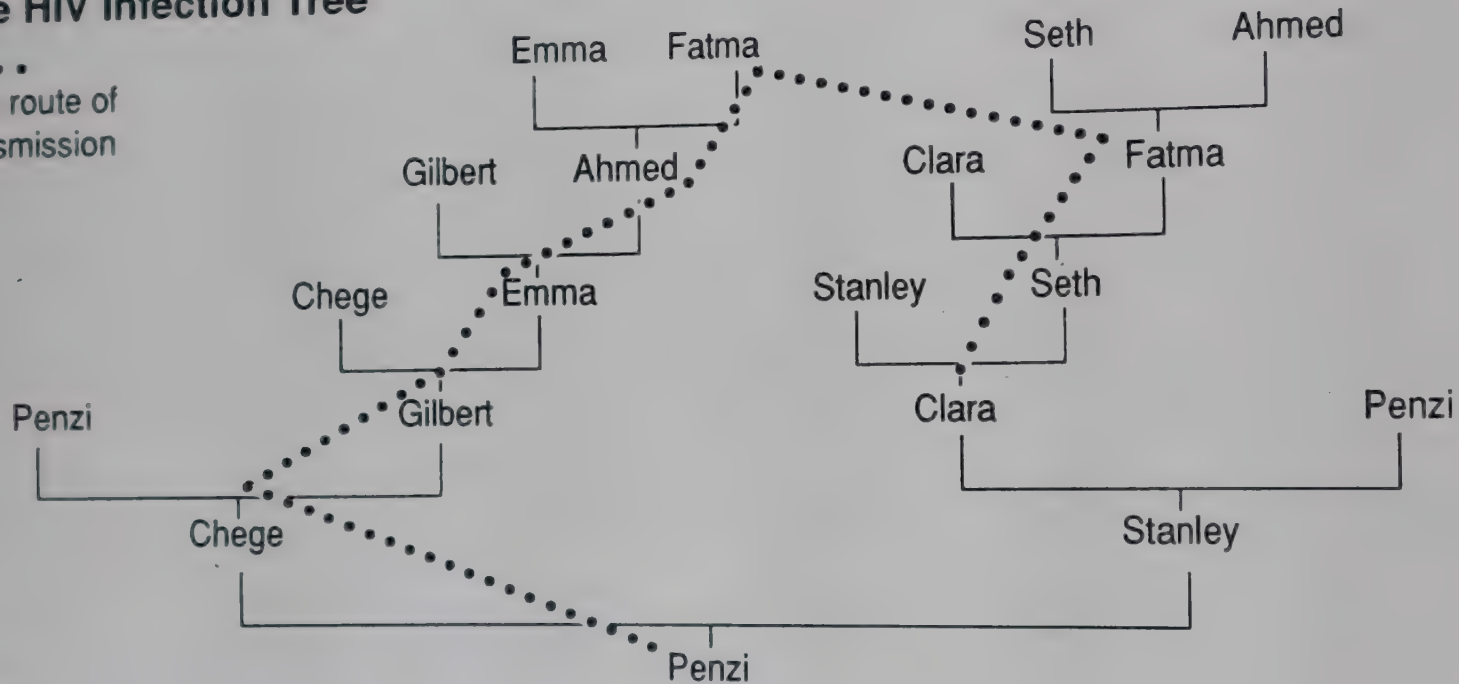
The next page contains a sample of a "completed tree" and a scenario which demonstrates how HIV infection can spread in a group of people. Using the tree which you've created with the participants and the example scenario, discuss how HIV can spread among your group. Create scenarios of your own.



## Sample HIV Infection Tree

.....

indicates route of  
HIV transmission



## Scenario

### Problem

Penzi is HIV+. Penzi has unprotected sex with Chege, her husband but always uses a condom with Stanley her lover. Stanley is not HIV+; but Clara, his girlfriend, recently found out that she is HIV+ (unknown to Stanley, Clara is having sex with another man, Seth). How was it possible for Clara to contract HIV? Is Stanley in danger of getting HIV?

Assume that all the relationships indicated by the tree branches are sexual and that partners (except Stanley and Penzi) engage in unprotected sex.

### Discussion

Clara contracted HIV from Seth while having unprotected sex. Seth got HIV from Fatma, who got it from Ahmed, who got it from Emma, who got it from Gilbert, her lover. Chege, Penzi's husband, is bisexual and also has a relationship with Gilbert.

**Question:** Although Stanley is not HIV+, if he continues to have unprotected sex with Clara he is at risk of getting HIV too. How can Stanley protect himself?

**Answer:** Stanley can avoid having sex with Clara or he can use a condom during sex.

**Question:** How could the spread of HIV be stopped before it infected so many people?

**Answer:** All people could use condoms or limit their sexual activity to one partner.

## Facts to Know

### SEE FIGURE D.3 ► ► ► ►

*The "Treating STDs" illustration shows that early treatment at an STD clinic is best.*

#### **Prevention of STDs Including HIV/AIDS**

- STDs should be diagnosed (at a clinic using special lab tests) and treated as soon as possible to prevent further spread
  - sexual partner(s) should be told and treated to prevent reinfection or new STD infections
  - for best results, treatment should be provided by a health clinic; "self-administered cures" are often not the correct medication for a given STD, or a person may have more than one STD and need two or three different medications
  - prescribed medications should be taken as directed until all the medication is gone even if the symptoms clear up after only a few days; follow-up visits or checkups should be completed as requested by the health care provider, especially if symptoms don't go away
  - treatment costs for curable STDs are generally less if treated early, later stages of some STDs are more difficult and expensive to treat and often cause permanent damage to the body; treatments and nursing care for AIDS patients, especially in later stages of the disease where multiple infections can be present, may be quite expensive (see chapter on caring for AIDS patients)
- (continued on page 31)*

## Exercise D.3 (20 minutes)

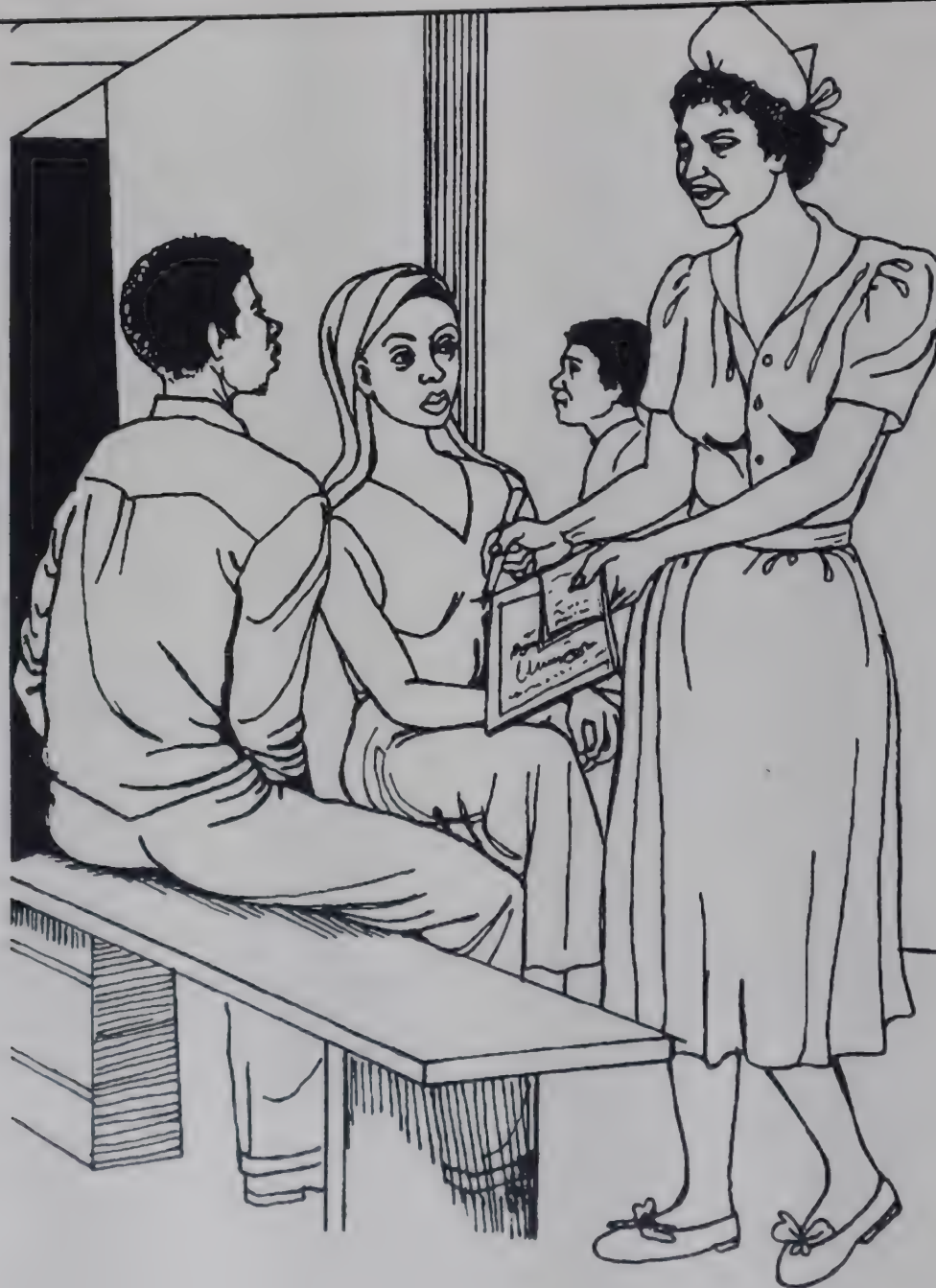
The facilitator will:

- 1- **Conduct a brief lecture and discussion** on the **Prevention of STDs** using the information outlined in the "Facts to Know" box. Use Figure D.3, **Treating STDs**, page 30 in this manual and page 10 in the participant workbook, to emphasize the importance of early and proper treatment for curable STDs.
- 2- **Answer questions** posed by the participants throughout the discussion.
- 3- **Record** important points on poster board or a chalkboard.
- 4- **Review the important points** and **ask for feedback** from the participants.



# Treating STDs

early treatment at an  
STD clinic is best





## Facts to Know

### SEE FIGURE D.4



The chart "Low Risk and High Risk Sexual Activities" describes common sexual practices and indicates the relative safety of each (emphasize that "actual" risk is difficult to determine).

### Prevention of STDs Including HIV/AIDS (continued)

#### Risk Reduction

- if you do have sex, use protection, latex condoms in combination with a spermicide (if available) provide good protection against pregnancy and STDs; condoms are not 100% effective but they work well if used properly
- do not have sex with a person known to have an STD, especially if they have open sores, rashes, warts, abnormal discharges or other symptoms; infection with other STDs increases the risk of contracting HIV
- take care of yourself, people in good physical health are less likely to become sick when exposed to infections (get plenty of rest; avoid excess alcohol, drug use, smoking; eat a balance of food types, especially fresh fruit and vegetables, grains and beans)

## Exercise D.4 (30 minutes)

*Note: Two versions of this exercise are described below. Decide which version to use based on how involved and comfortable the participants have become during the previous exercises. If the participants are speaking openly and appear relaxed, use the first version and let the participants generate the list of sexual behaviours. If participants appear shy or uncomfortable, version two may better suit the mood of the group. If version two is used, the risk behaviour cards must be prepared in advance by the facilitator. Regardless of the version used, be sure to use "local" terms to refer to sexual behaviours practiced by the commercial sex workers (be sure to include behaviours which the CSW's may have "only heard about"). Peer educators may also find that the cards work better when doing peer training in less controlled settings with difficult audiences.*

### Version 1

The facilitator will:

- 1- **Ask participants to compile a list of sexual behaviours. Record the behaviours** on poster board or a chalkboard in "local/slang" language.
- 2- **Discuss each behaviour and describe** each as **safest** (little risk), **safer** (some risk), **unsafe** (high risk), or **unknown** (don't know) with regard to the transmission of STDs including HIV/AIDS. Figure D.4, page 32, provides a list of sexual behaviours ranked in order of safety.
- 3- **Discuss ways to reduce the risk** of the unsafe behaviours.
- 4- **Review the important points and ask for feedback** from the participants.

- OR -

### Version 2

The facilitator will:

- 1- **Pass out one risk behaviour card to each participant.** Each card describes a behaviour (using "local/slang" words and/or pictures).
- 2- Ask each participant to **decide under which category the behaviour belongs** (if a participant is unsure or if other participants disagree, then the behaviour should be discussed in greater detail).
- 3- **Discuss ways to reduce the risk** of the unsafe behaviours.
- 4- **Review the important points and ask for feedback** from the participants.

# Low Risk and High Risk Sexual Activities

<b>Safest</b> <i>(no exchange of semen, vaginal secretions or blood)</i>	<b>Safer</b> <i>(most likely there would be no exchange of semen, vaginal secretions or blood)</i>	<b>Unsafe</b> <i>(almost certain dangerous exchange of vaginal secretions, blood, urine or feces)</i>
touching, hugging, massage	vaginal intercourse with a condom (as long as the condom is used properly and doesn't break)	vaginal intercourse without a condom
masturbation, alone or with partner	oral intercourse with a condom or latex barrier over the genitals (proper use, no breakage)	oral intercourse without a condom or latex barrier
rubbing bodies together	anal intercourse with a condom (proper use, no breakage)	anal intercourse without a condom
social kissing (dry) kissing or licking the body (clean skin; no oral contact with genitals or any open sores)	french kissing (wet) (unless the kiss is very hard and draws blood, or either partner has open sores or infection around the mouth)	sharing objects inserted into the anus or vagina
talking about sex and fantasies		any activity that allows blood-to-blood contact
bathing together		

## Chapter 3 Contents

### Section A: Explicit Language

### Section B: Female and Male Body Parts and Functions

#### Figures

Female Pelvic Organs

Female External Genitalia

Male Pelvic Organs

Stages of the Menstrual Cycle



# SECTION

# A

## Explicit Language

### Objectives

At the end of this section participants will be able to:

- 1- Describe values and attitudes towards sexuality.
- 2- Talk more freely about sex in an atmosphere of openness within the group

### Methodology

Small and large group discussion

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

30 minutes; one exercise

## Facts to Know

### "Local/Slang" Terms

Keep a record of the "local/slang" terms used in various cultures to refer to parts of the anatomy. Definitions for these terms appear in the glossary.

- vagina \_\_\_\_\_
- penis \_\_\_\_\_
- intercourse \_\_\_\_\_
- oral sex \_\_\_\_\_
- semen \_\_\_\_\_
- masturbation \_\_\_\_\_
- anal sex \_\_\_\_\_
- breasts \_\_\_\_\_
- testicles \_\_\_\_\_
- buttocks \_\_\_\_\_

## Exercise A.1 (30 minutes)

*Note: Some people may be uncomfortable talking about parts of the female and/or male anatomy. This exercise is designed to make the group feel more comfortable by establishing a common "language" (set of terms) for topics which are often considered taboo. When appropriate, the facilitator should attempt to use the local/slang terms with the participants.*

The facilitator will:

- 1- **Divide the participants into small groups** (three to four participants each).
- 2- **Write the following terms** on newsprint and **read** them to the groups.
 

• vagina	• masturbation
• penis	• anal sex
• intercourse	• breasts
• oral sex	• testicles
• semen	• buttocks
- 3- **Ask the small groups to make a list of "local/slang" names for the terms** (allot about 10 minutes). Ask the small groups to **select a spokesperson** to record ideas and report them to the large group.
- 4- Ask all the participants to **return to the large group**.
- 5- **Record the "local/slang" names** offered by the spokespersons. After the list of "local" terms has been recorded, **use the following questions to generate discussion** (allot about 20 minutes):
  - Have you heard of all the terms?
  - Which words have a negative meaning?
  - Why might that be?
  - Who uses the different words and in what situations?
- 6- **Review the important points** and **ask for feedback** from the participants.

# SECTION

# B

## Female and Male Body Parts and Functions

### Objectives

At the end of this section participants will be able to:

- 1- Accurately identify and describe the male and female organs and their functions.
- 2- Describe the processes of sperm production, ovulation, fertilization, and pregnancy.

### Methodology

Large group discussion, presentation, brief lecture

### Materials Required

- newsprint/poster board and markers or chalk board and chalk
- paper and pens/pencils
- large illustrations or models of female and male anatomy (if available)

### Duration

1 hour; three exercises, 25, 20, 30 minutes



## Facts to Know

### SEE FIGURES B.1.A-D ► ► ►

*The "Female Pelvic Organs" illustrations show the main organs responsible for reproduction and waste elimination. A second view, "Female External Genitalia", is provided to show the visible parts.*

### Female Anatomy

vulva- the name for the external genital area, including the clitoris and the labia, or outer covering.

vagina- an elastic, muscular canal that extends upward and backward from the vulva to the uterus.

cervix- the neck of the uterus.

uterus (womb)- a thick-walled hollow organ between the bladder and the rectum, made up of two parts, the body and the cervix. The fetus (baby) develops in the uterus.

fallopian tubes- two tubes, about 10 cm in length, that extend from the uterus to the ovaries. The tubes provide a passage for the male sperm to reach the female egg. Fertilization takes place in the tubes.

ovaries- the organ where the eggs are produced, stored, ripened, and released.

clitoris- the female counterpart of the penis; contains tissue that becomes erect during sexual stimulation.

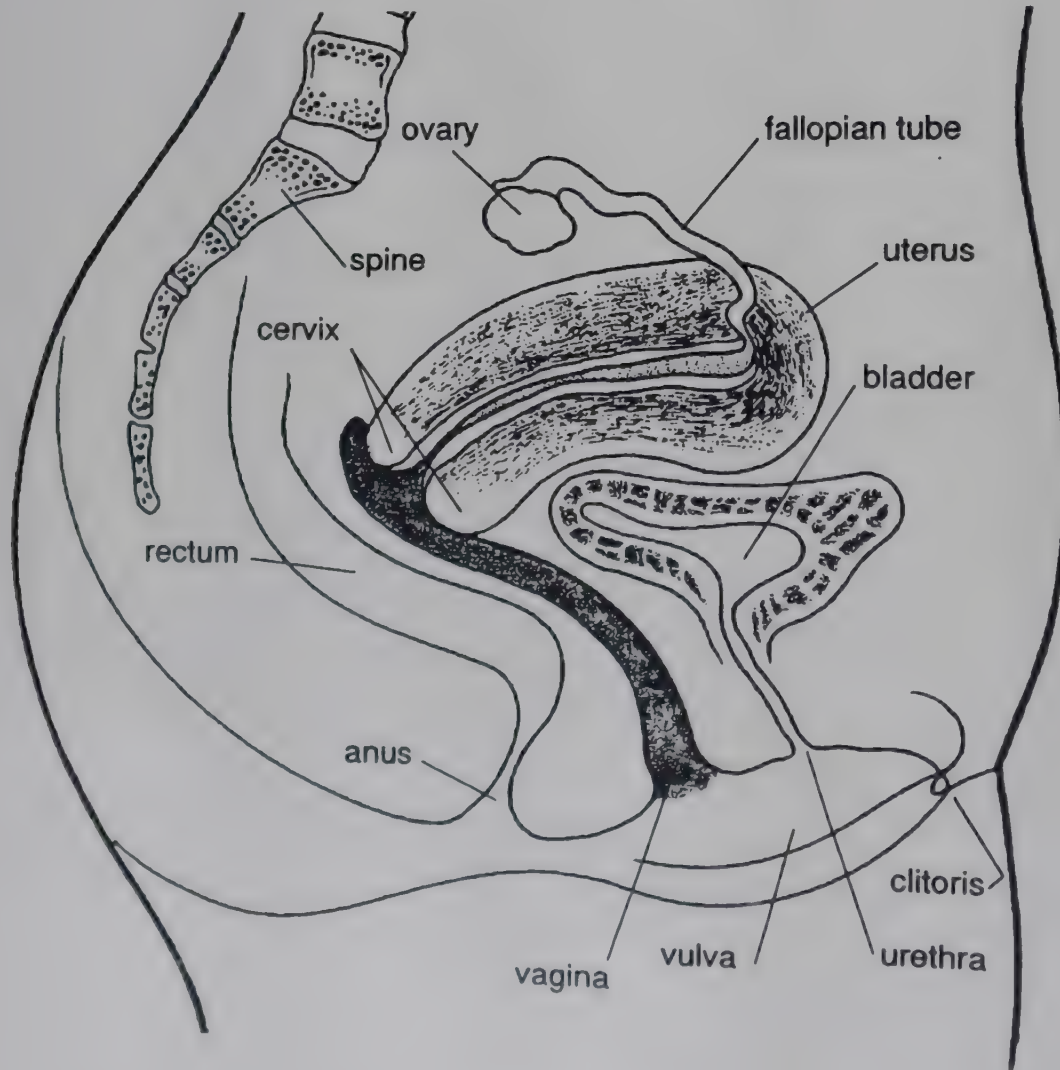
## Exercise B.1 (25 minutes)

The facilitator will:

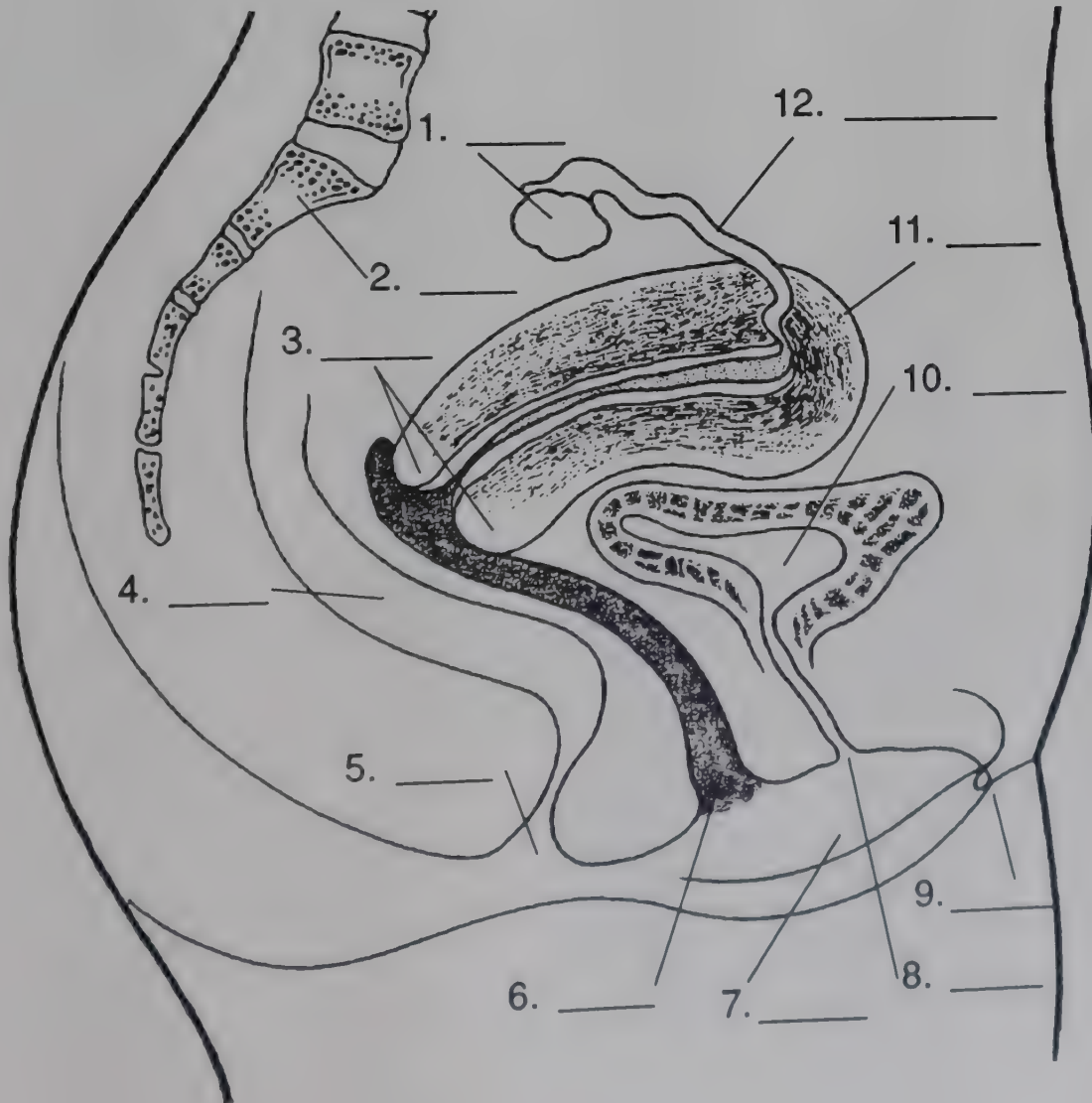
- 1- Using large illustrations or models, **ask the participants to name the parts of the female anatomy** identified in Figure B.1.A, page 38. Use Figure B.1.B, page 39 to write in the more common, "local/slang" names of the organs. Figure B.1.C, **External Female Genitalia**, page 40, can be used to identify visible parts. Use Figure B.1.D, page 41 to write in the "local/slang" names. These illustrations can also be found in the participant workbook on pages 12 and 14.
- 2- **Ask the participants** to briefly **describe what each organ does**. Using the information provided in "Facts to Know" box, **clarify the descriptions** using both medical terms and "local/slang" terms as appropriate.
- 3- Using the illustrations, **review some of the more common STD symptoms** discussed in Chapter 2 including painful urination; swollen lymph nodes; itching sensation in genital area; oral lesions, blisters, warts, and/or open sores on the genitals; abnormal vaginal discharge (white, yellow, green, frothy, bubbly, curd-like, pus-like, odourous); inflammation or itching of the vagina; inflammation of the cervix (requires use of speculum for exam); painful intercourse and irregular menstrual bleeding.
- 4- **Review the important points and ask for feedback** from the participants.



# Female Pelvic Organs



# Female Pelvic Organs

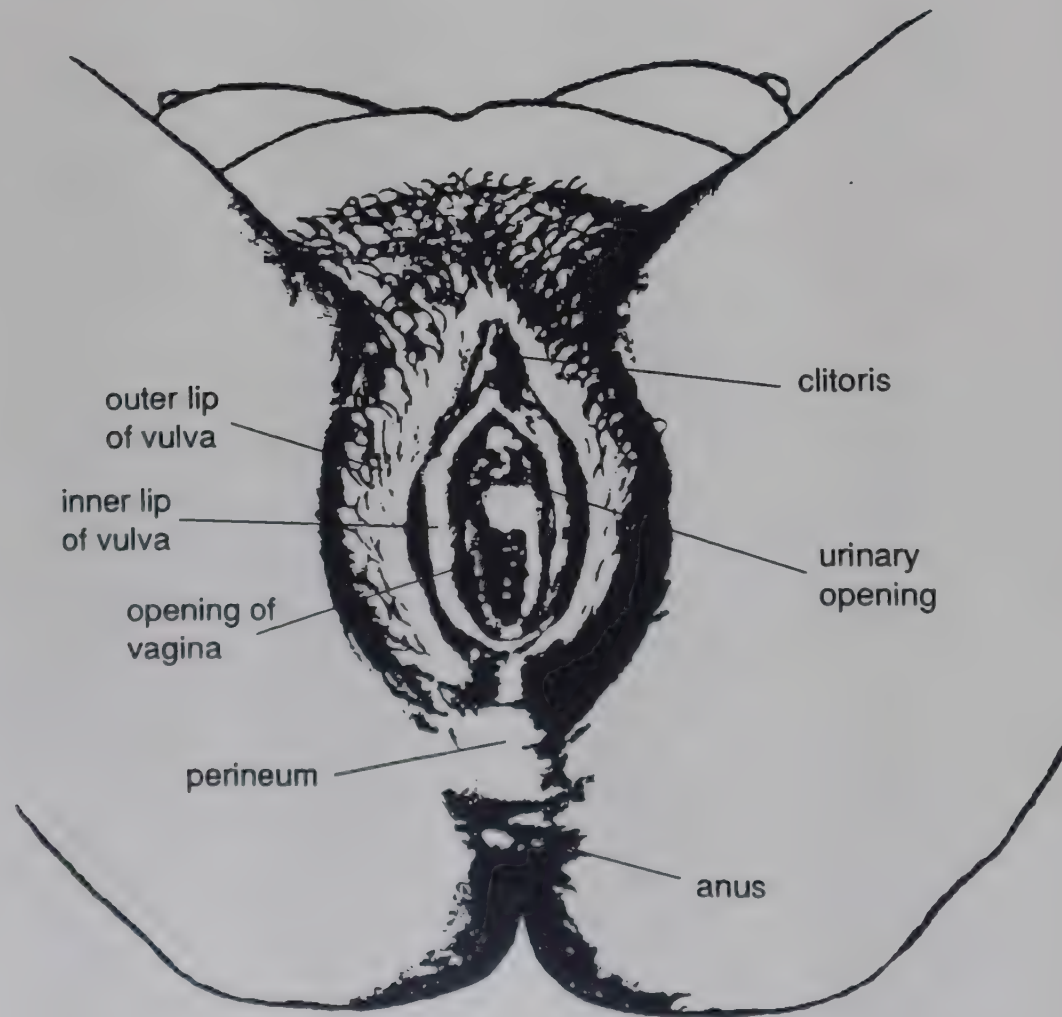


## Answer Key

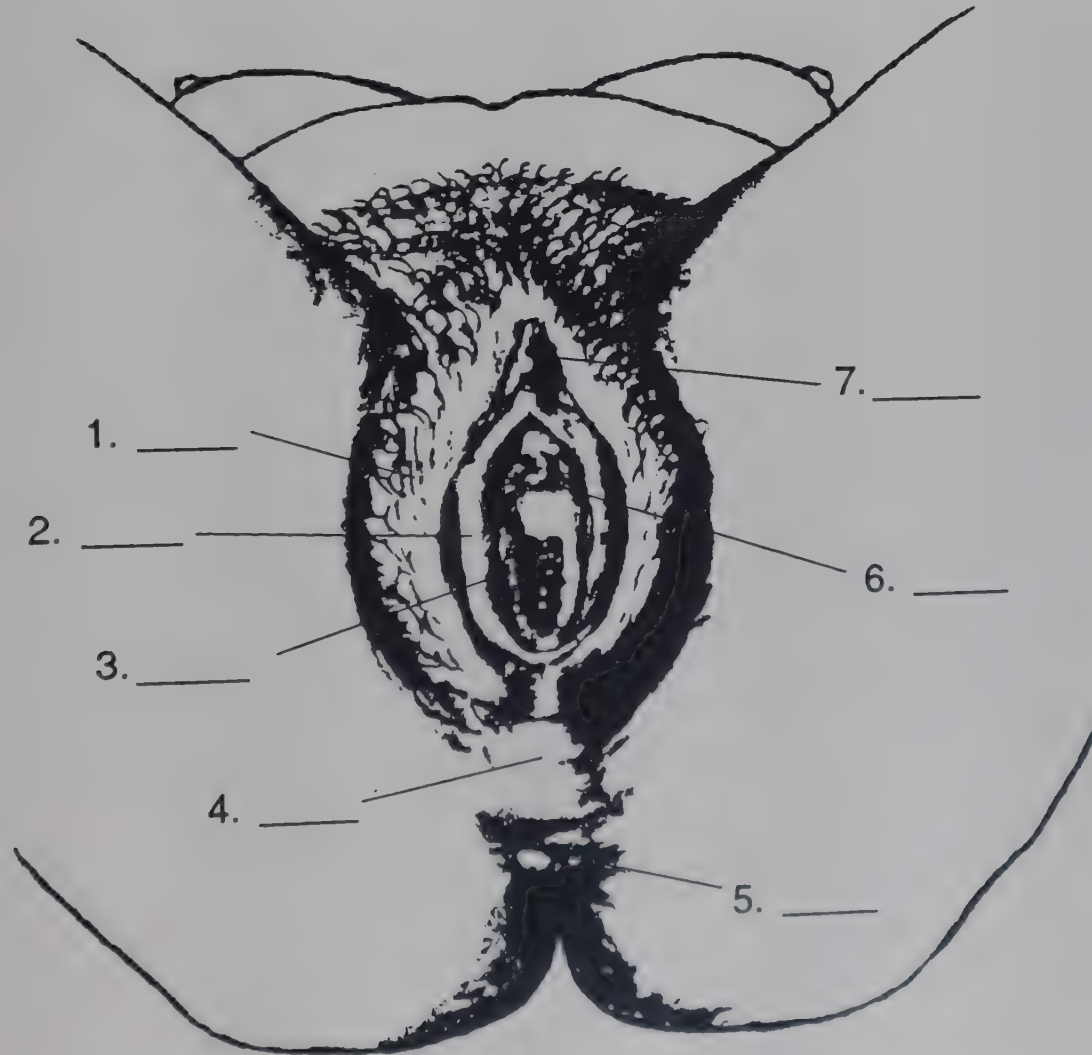
- 1. ovary
- 2. spine
- 3. cervix
- 4. rectum
- 5. anus
- 6. vagina
- 7. vulva
- 8. urethra
- 9. clitoris
- 10. bladder
- 11. uterus
- 12. fallopian tube



# Female External Genitalia

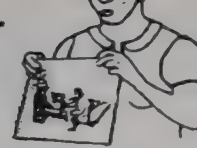


# Female External Genitalia



## Answer Key

- 1. outer lip of vulva
- 2. inner lip of vulva
- 3. opening of vagina
- 4. perineum
- 5. anus
- 6. urinary opening
- 7. clitoris



## Facts to Know

SEE FIGURES B.2.A & B.2.B ► ►

*The "Male Pelvic Organs" illustrations show the main organs responsible for reproduction and waste elimination.*

### Male Anatomy

**penis**- male organ for copulation (ejaculation of sperm) and for urinary excretion.

**semen**- fluid that contains the sperm, or seeds, for reproduction.

**testicles**- organ that produces and stores sperm.

**scrotum**- sac on the outside of the body that holds the testicles.

**seminal vesicles**- glands that secrete most of the liquid contained in semen.

**vas deferens**- tubes that provide passage for sperm from the testicles to the urethra on ejaculation.

**prostate**- gland that opens into the urethra and secretes a fluid which becomes part of the semen.

**kidneys**- organs that remove waste from the blood.

**ureter**- tubes that conduct urine from the kidneys to the bladder.

**bladder**- organ that stores urine produced in the kidneys.

**urethra**- tube that conducts urine from the bladder to the outside of the body.

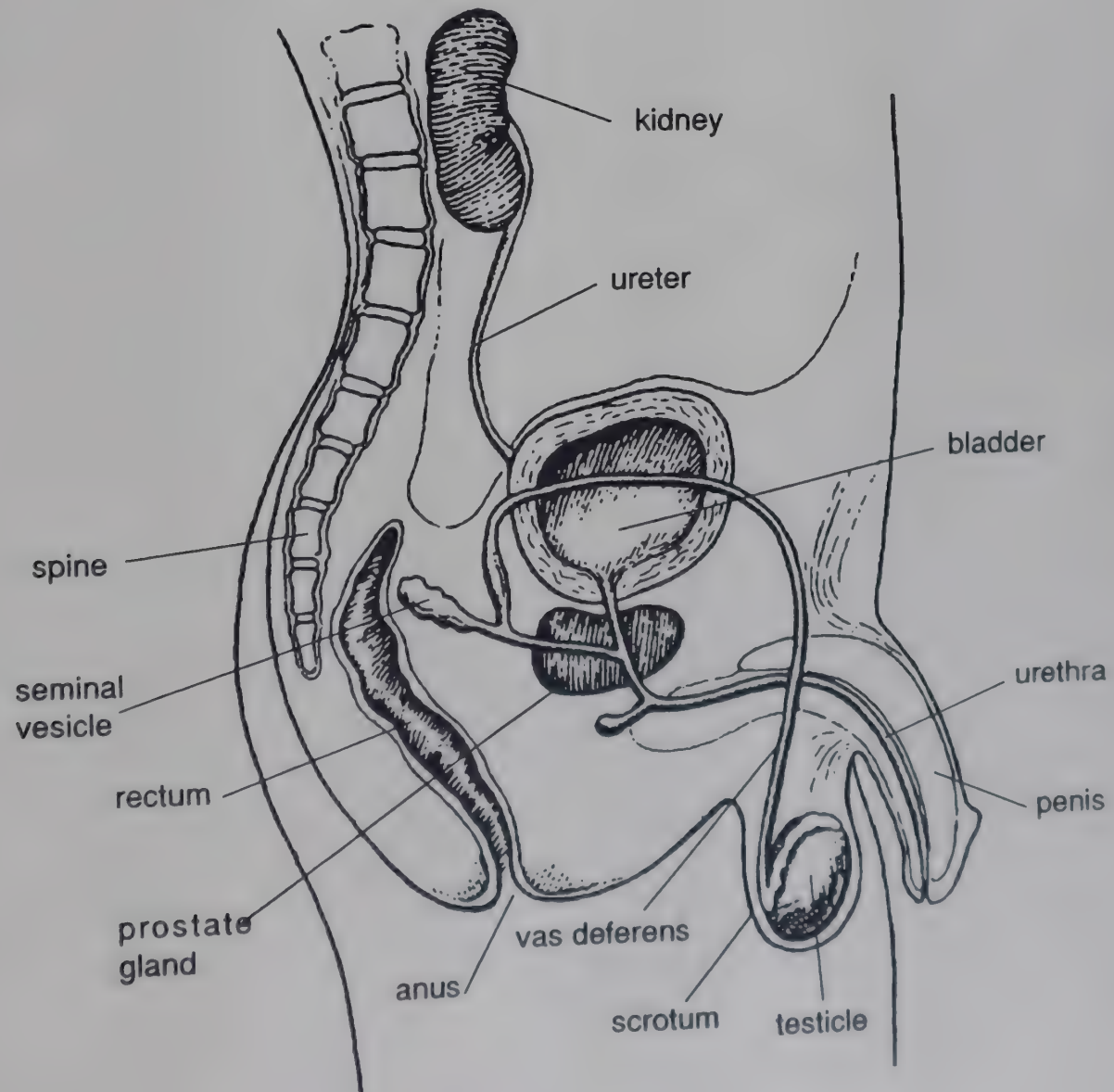
## Exercise B.2 (20 minutes)

The facilitator will:

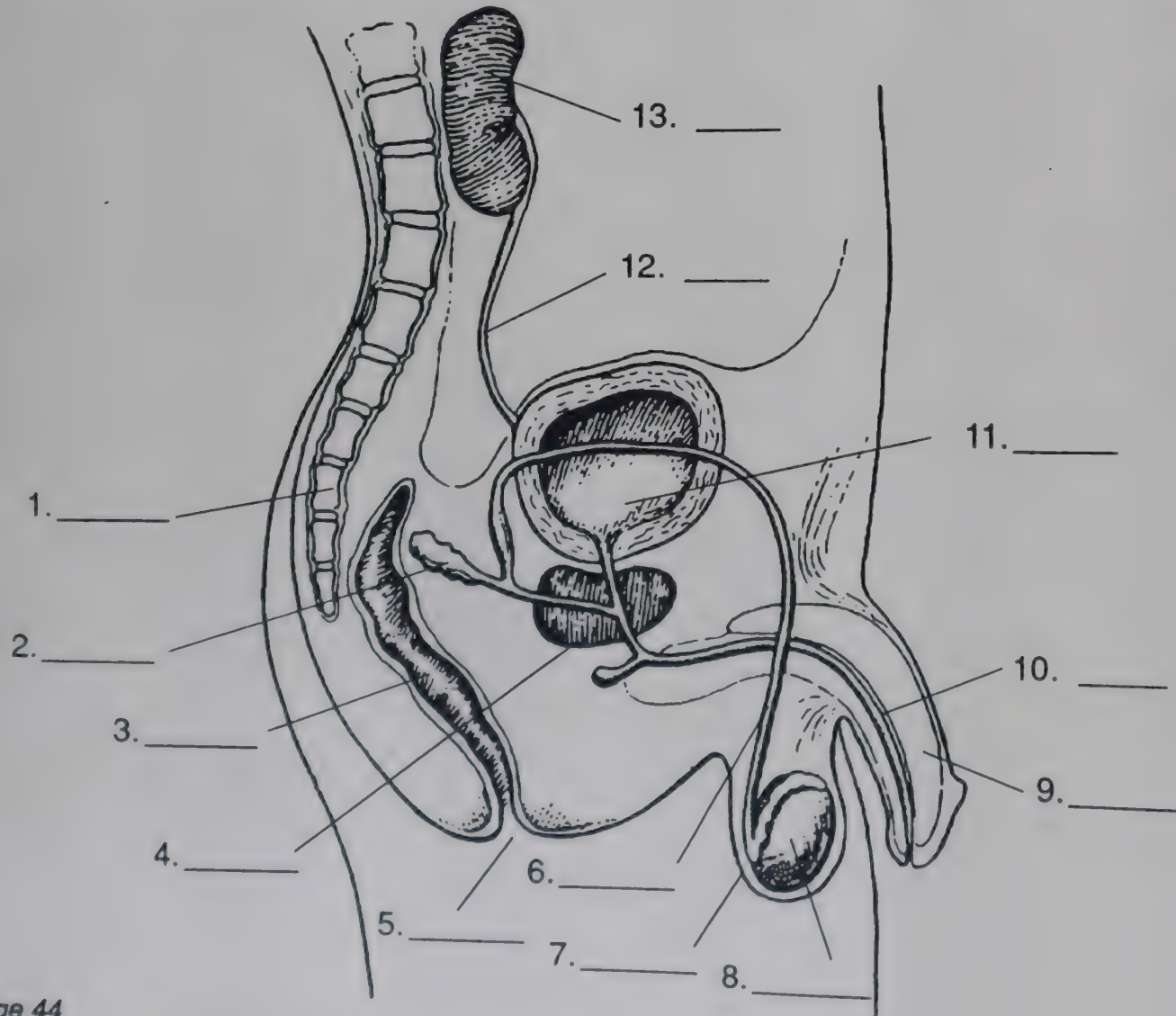
- 1- Using large illustrations or models, **ask the participants to name the parts of the male anatomy** identified in Figure B.2.A, page 43. Use Figure B.2.B, page 44 to write in the more common, "local/slang" names of the organs. This illustration can also be found in the participant workbook on page 16.
- 2- **Ask the participants to briefly describe the function of each organ.** Using the information provided in "Facts to Know" box, **clarify the descriptions** using both medical terms and "local/slang" terms as appropriate.
- 3- Using the illustrations, **review some of the more common STD symptoms** discussed in Chapter 2 including painful urination; swollen lymph nodes; itching sensation in genital area; oral lesions, blisters, warts and/or open sores on the genitals; and discharge from the penis (yellow, green, pus-like).
- 4- **Review the important points and ask for feedback** from the participant



# Male Pelvic Organs



# Male Pelvic Organs



## Answer Key

1. spine
2. seminal vesicle
3. rectum
4. prostate gland
5. anus
6. vas deferens
7. scrotum
8. testicle
9. penis
10. urethra
11. bladder
12. ureter
13. kidney

## Facts to Know

SEE FIGURE B.3 ▶ ▶ ▶ ▶

*The "Stages of the Menstrual Cycle" illustrations describe the process by which an egg is released from the ovary at "monthly" intervals.*

### Reproductive Processes

menstrual cycle- a periodic shedding of the blood that develops on the uterus walls in anticipation of pregnancy. During each cycle, an egg moves from the ovary down the fallopian tube into the uterus. If the egg is not fertilized (does not come in contact with a sperm), it will move out of the body along with the blood lining. The cycle averages about 28 days. Hormones, chemicals that send messages to the body, are released to regulate the cycle.

ovulation- the process in the female body in which the egg is released from the ovary. Ovulation occurs once during every 28-day cycle usually around 14 days before the next menstrual flow is expected.

sperm production- in men, sperm is produced and stored in the testicles. During ejaculation, semen (fluid containing millions of sperm) moves from the testicles, through a tube and out the penis. Semen production is also regulated by hormones.

pregnancy- during intercourse, when a man ejaculates into a woman, thousands of sperm swim toward the woman's uterus and the fallopian tubes. If the woman is ovulating during the time of intercourse, and if the sperm make it to the fallopian tubes, the sperm will fertilize (unite with), the egg. The fertilized egg moves into the uterus, attaches itself to the uterus wall, and begins to develop.

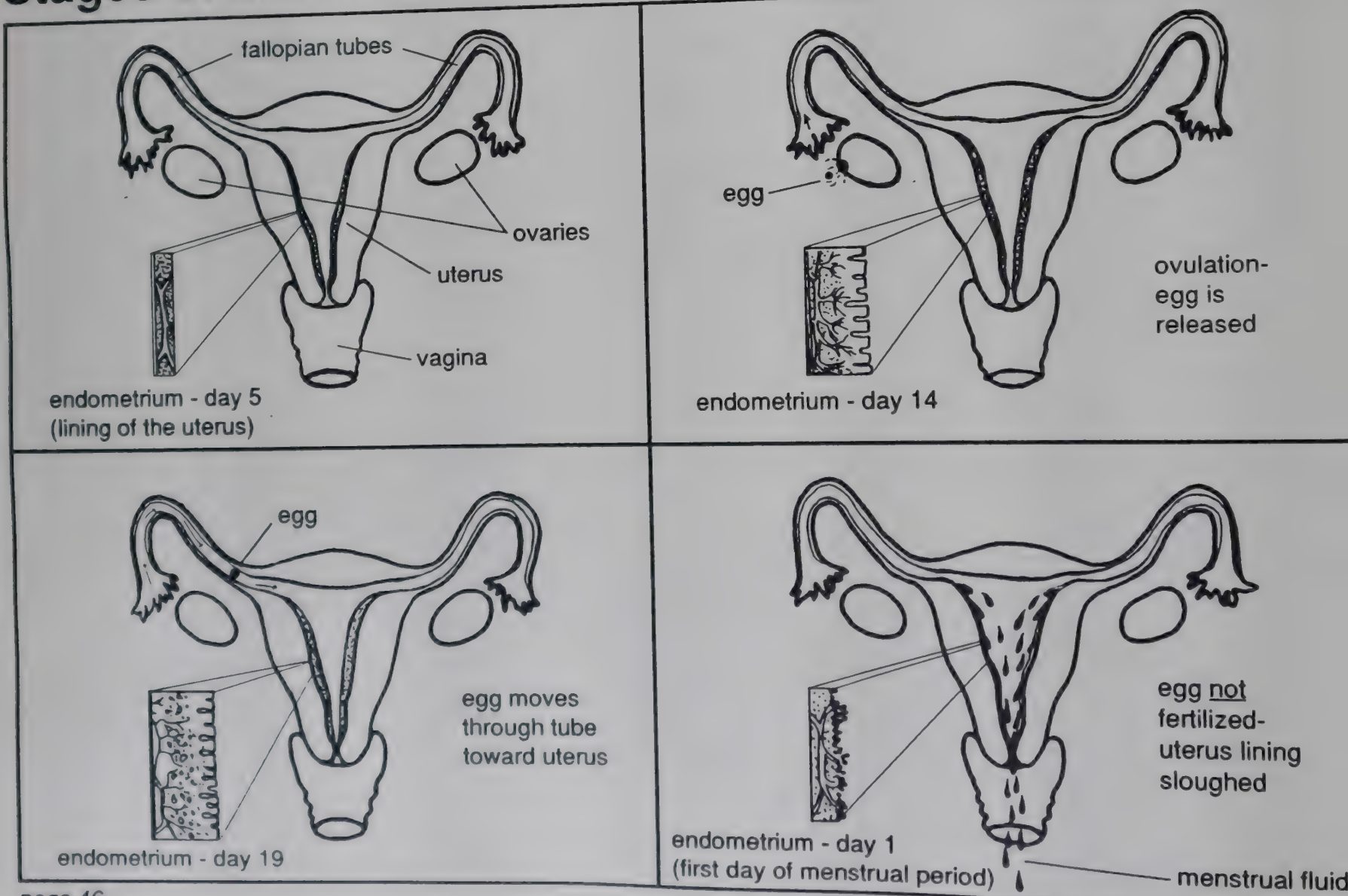
## Exercise B.3 (30 minutes)

The facilitator will:

- 1- Using the female and male anatomy illustrations or models and Figure B.3, Stages of the Menstrual Cycle, page 46, **describe the process by which an egg either becomes fertilized or passes through the body without becoming fertilized.**
- 2- Using the information provided in the "Facts to Know" box, **clarify the reproductive processes in males and females** using both medical terms and "local/slang" terms as appropriate.
- 3- **Review the important points and ask for feedback** from the participants.



# Stages of the Menstrual Cycle



## Chapter 4 Contents

### Section A: How AIDS Affects Women

#### Figures

Evaluating a Case

Case Study 1: Betty

Case Study 2: Rehema

Case Study 3: Mary

Case Study 4: Asha

Case Study 5: Gabriella

# SECTION

# A

## How AIDS Affects Women

### Objectives

At the end of this section participants will be able to:

- 1- Describe the specific issues women face with respect to AIDS.
- 2- Identify and discuss their feelings about women and AIDS.
- 3- Describe common ways women can fight the disease.

### Methodology

Large group discussion, small group activity

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

1 hour 30 minutes; two exercises, 30, 60 minutes



## Facts to Know

### ***AIDS Related Issues Women Face***

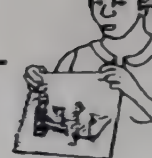
- general social and economic problems
- the lack of bargaining power with respect to:
  - how many children she chooses to have
  - how to spend the family's income
  - how many wives her husband should have
  - the amount and type of dowry that determines her worth
- poverty of widowhood
- rape and sexual abuse
- concern for the welfare of children:
  - her own
  - her extended family's
  - the community's children
- responsibility of caring for people with AIDS:
  - economic factors
  - personal safety
- legal (including government and customary laws) and policy mandates with respect to women's rights and responsibilities

## Exercise A.1 (30 minutes)

*Note: Women's concerns vary from culture to culture and between subgroups of women living in the same cultural surroundings. In this exercise, the facilitator should attempt to determine which issues are of greatest concern to the workshop participants and their peers.*

The facilitator will:

- 1- **Conduct a brainstorming session to create a list the issues and concerns of the participants with regard to AIDS** (allot about 30 minutes). A list of possible issues and concerns is included in the "Facts to Know" box.
- 2- **Record the issues and concerns** identified by the participants on poster board or a chalkboard.
- 3- **Review the important points and ask for feedback** from the participants.



## Facts to Know

### SEE FIGURES A.2.A-F ► ► ►

These illustrations depict women in familiar settings, each with a different story to tell. The illustrations and stories present small segments from the lives of Betty, Rehema, Mary, Asha, and Gabriella. The initial figure provides a set of questions that can be used to evaluate the case studies (a case study is an account of a problem that includes enough information to permit meaningful discussion and development of possible solutions).

## Exercise A.2 (60 minutes)

*Note: In some cases, participants may have difficulty relating to the scenarios described in the case studies. If necessary, the names and the story lines can be modified to make them more appropriate.*

The facilitator will:

- 1- **Provide a brief introduction to the concept of case studies. Introduce each of the five case studies** by showing the illustration and reading the corresponding story. The case studies, Figures A.2.B-F can be found on pages 52-56 of this manual and pages 18-26 in the participant workbook (allot about 10 minutes).
- 2- **Divide the participants into five small groups.**
- 3- **Assign one case to each group for discussion. Read the questions for evaluating a case** from Figure A.2.A, page 51 out loud and **encourage the groups to use the questions as a discussion guide.** Ask each group to **select a spokesperson to record and report their ideas** (allot about 20 minutes).
- 4- Ask all the participants to **return to the large group.**
- 5- Ask the **spokespersons from each group to summarize their small group discussions** (allot about 20 minutes - 4 minutes for each group).
- 6- Ask the participants to **comment on what they think could be done to change some of the problems women face.** For example, widowhood laws could be changed to allow women to keep their deceased husband's belongings, etc. (allot about 10 minutes).
- 7- **Review the important points and ask for feedback from the participants.**

# Evaluating a Case

*Use these questions to generate discussions of the case studies:*

- Do you like this woman? Why or why not?
- What does this woman do?
- What might be some of her daily concerns, worries?
- In what ways may she be dealing with them.
- Is this woman at risk of getting AIDS? Why?
- What information about AIDS might this woman have? What information would be useful to her?
- What are some of the obstacles that keep her from getting the right information?
- Where can she go to get good information?
- How can this woman get assistance?
- What are the customary laws regarding her situation?
- What are the policy issues regarding her situation?
- What are the religious issues involved in this case?
- Can you think of any other issue(s) which have not been mentioned that may be cause for concern? \_\_\_\_\_

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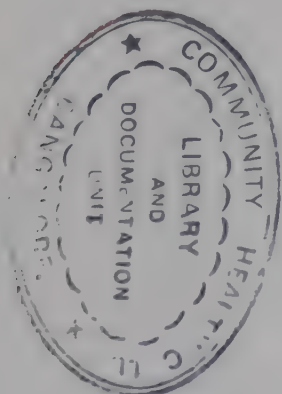
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## Case Study 1: Betty

At the end of the working day, Betty gives the money that she earned to her husband. He goes to the local bar to spend the evening drinking pombe (beer) with his friends. Often, he will spend the evening with a bar woman. In exchange for sex, he will give the woman some of his wife's earnings. Then he returns home to his wife, having spent all the money, and sleeps with her.



## Case Study 2: Rehema



Rehema was once married to a rich farmer. They had several children. Her husband died and the relatives came and took away all their possessions, land, and the house that he owned. Rehema felt helpless and went away with her children. She settled in the nearest town and has turned to having sex with men who will give her money to support her children.



## Case Study 3: Mary

John is taking pombe (beer) in a local bar. He invites Mary to drink with him. She accepts and after a while, they are both very relaxed. John offers to accompany Mary back to her home. John asks Mary for sex and Mary refuses. Before she knows what has happened, she is on the ground, skirt torn, and raped.





## Case Study 4: Asha

Figure A.2.E

Asha is a single woman living at a truck stop. She is a very popular woman, but she is only interested in the truck drivers and not the local men. She claims they have nothing to offer. One night she is at the bar drinking with her boyfriend, a truck driver. He leaves for a trip that night. While walking home alone, the local boys attack and rape her to teach her a lesson about ignoring the men from the village.



## Case Study 5: Gabriella



Juma is married to Gabriella. Both of them really want a child. Juma was recently told by his doctor that he is HIV positive, but he has not told Gabriella. Juma doesn't use condoms because he's hoping to have a child before he dies.



**How to  
Care for  
Someone  
with AIDS**

## Chapter 5 Contents

### **Section A: Basic Counselling Skills**

#### Figures

Counselling People with HIV/AIDS

Comforting Someone with AIDS

### **Section B: Caring for a Person with AIDS' Physical Needs**

#### Figures

Caring for a Person with AIDS

STD/AIDS Services Referral List



# SECTION

# A

## Basic Counselling Skills

### Objectives

At the end of this section participants will be able to:

- 1- Describe some of the common feelings and attitudes of people with AIDS
- 2- Demonstrate basic counselling skills that address some of the fear that people have about AIDS.

### Methodology

Large group discussion, role-plays

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

1 hour 45 minutes; three exercises, 15, 30, 60 minutes

## Facts to Know

### **Common Feelings and Emotions Associated with AIDS**

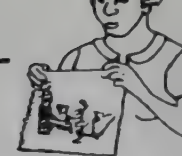
- AIDS is a deadly disease. Coping with death is very painful. When someone finds out he/she has AIDS or that someone he/she loves has AIDS, it is common to have the same feelings one might have when a loved one has died. A person who feels he/she is at risk of getting AIDS may also have similar feelings. The feelings include fear, anger, confusion, emptiness, isolation, depression, and low self-esteem. Not everyone has the same emotions. These feelings are part of a process of letting go of something that has been lost. It is also common for someone under such stress to have suicidal thoughts because ending one's life may appear to be the only way out of a bad situation.
- It is important to understand that these different emotions are normal and healthy and should not be suppressed. It is okay to cry and be angry. A grieving person needs support. He/she will often want to talk about his/her situation and will need someone to listen and a safe place to talk. Usually a person goes through different stages of grief and over time may begin to accept the situation. If a person is properly counselled, he/she is more likely to accept the situation and go on to lead a happy and productive life. This is why counselling is so important.

## Exercise A.1 (15 minutes)

*Note: The emotions that people feel with respect to AIDS vary widely depending on their individual experiences with the disease. Many of the participants will know someone with HIV/AIDS, someone who has died of AIDS, or they may have AIDS themselves. It is especially important in this section to encourage the participants to be honest with each other but show respect for opinions and emotions that differ from their own.*

The facilitator will:

- 1- **Conduct a brief lecture and discussion** of the emotional and psychological needs of people with AIDS outlined in the "Facts to Know" box, and **encourage the participants to identify additional emotional needs** that may be unique to their situation (allot about 15 minutes).
- 2- **Make a list of the AIDS-related feelings and emotions** on poster board or a chalkboard.
- 3- **Review the important points and ask for feedback** from the participants.



## Facts to Know

SEE FIGURE A.2 ▶ ▶ ▶ ▶

*This illustration shows a man being counselled by a health professional after learning his HIV status. As the illustration shows, this emotional event requires the expert skills of a trained counsellor. Included with the illustration is a summary of basic counselling skills that can be used by friends, co-workers, or family members attempting to help each other sort through their feelings in difficult situations.*

### Basic Counselling Skills

People who counsel try to help others solve their problems and feel better about themselves. Knowing some basic counselling skills will help you to better care for someone with AIDS or for someone who has a loved one with AIDS. When caring for someone with AIDS, it is important to help that person feel better about himself or herself. The best way to do that is to understand what he or she is going through, so you can work through problems with them.

## Exercise A.2 (30 minutes)

*Note: Make clear to the participants that they are not expected to be counselling experts. This section is designed to teach participants some very basic counselling skills so they can provide comfort to people with AIDS or to people who are afraid of the deadly disease. There are trained professionals such as health care providers, teachers, and religious leaders who provide counselling to people in times of need. The participants should know who those professionals are and how and when to refer people to them.*

The facilitator will:

- 1- **Conduct a brief lecture and discussion** regarding the rationale for acquiring basic counselling skills as outlined in the "Facts to Know" box. **Encourage the participants to share additional personal reasons for improving their skills** (allot about 10 minutes).
- 2- **Continue the lecture and discussion** and with input from the participants, **generate a list of basic counselling skills that they can use. Record the list** on poster board or a chalkboard and **display it** during the next exercise. Figure A.2, page 61, includes a list of some basic skills. The illustration can also be found on page 30 in the participant workbook (allot about 20 minutes).
- 3- **Review the important points** and **ask for feedback** from the participants.



# Counselling People with HIV/AIDS

*Basic skills in counselling include such things as:*

- Being supportive.
- Not judging.
- Creating an atmosphere of trust so that the person does not think you will betray him/her or hurt him/her in any way.
- Listening carefully and being very responsive.
- Looking into his/her eyes and being attentive.
- Showing empathy. Thinking about how the person feels. Asking yourself, "If I were in this situation, how would I feel?" Sharing your own feelings about the situation: "I understand, I would feel angry too", or, "I like that, that would make me feel good."
- Asking open-ended, probing questions; questions that cannot be answered with "yes" or "no." Examples include:
  - "What do you think about \_\_\_\_\_?"
  - "You mentioned how you feel about \_\_\_\_\_, can you also tell me how you feel about \_\_\_\_\_?"
  - "That's interesting, can you tell me more?"
- Using silence to allow the person to feel his/her anger or pain and to allow him/her to think about feelings.
- Attempting to understand and respond to nonverbal communication such as body movement, facial expressions, etc.



Professional counselling is often necessary to help people cope with their grief. However, knowing basic counselling skills can be useful for anyone who helps people with AIDS.



## Facts to Know

### SEE FIGURE A.3

*This illustration shows a woman comforting her friend who learned that she has AIDS. As the illustration shows, this emotional situation requires the support that caring friends, co-workers, and family members can provide.*

### Evaluating Basic Counselling Skills

Follow-up questions to ask the "person with AIDS":

- Did the caregiver listen to you?
- What did it feel like to have someone listening to you?
- What would you have liked the caregiver to say to you to make you feel better?

Follow-up questions to ask the "caregiver":

- Was it difficult to help the person with AIDS?
- Did you feel like you were helping the person?
- Do you think you understood what the person was feeling, what was he feeling?

### Role-play Observer Checklist

- ☐ Caregiver listened attentively.
- ☐ Caregiver looked at the person with AIDS in the eyes.
- ☐ Caregiver was supportive.
- ☐ Caregiver demonstrated empathy.
- ☐ Caregiver asked open-ended questions.
- ☐ Caregiver clarified and summarized the person's feelings and thoughts.
- ☐ Caregiver used silence.

## Exercise A.3 (60 minutes)

*Note: Some participants may have never participated in role-plays and may feel self-conscious about "acting" in front of even a small group. Assure the participants that they should simply "be themselves" and "have fun with it."*

The facilitator will:

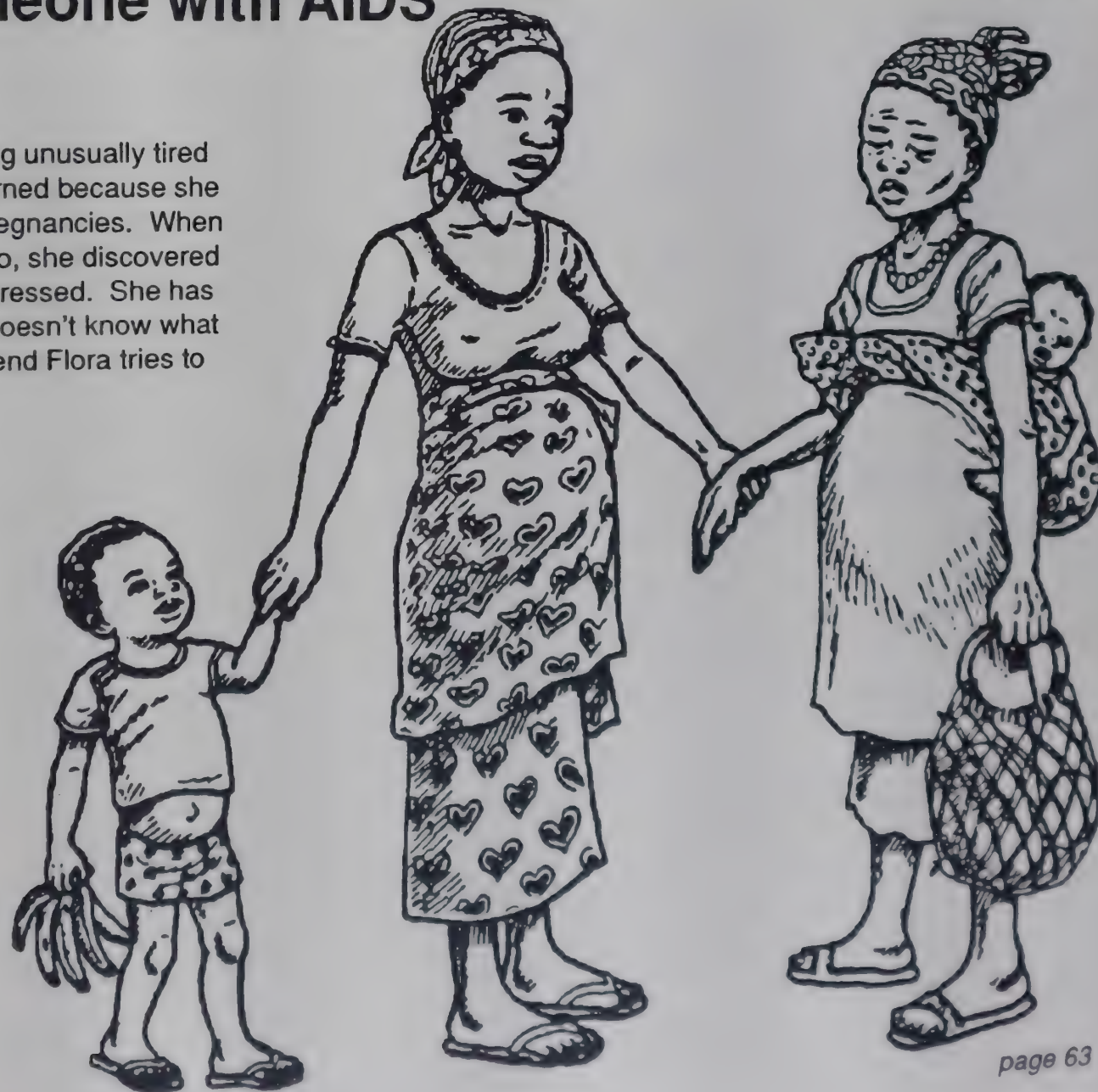
- 1- Explain to the group that they will be doing **"role-plays" in small groups to practice some of the basic counselling skills** they just learned during the previous exercise (allot about 10 minutes to introduce this exercise).
- 2- **Show the participants the illustration of the woman with AIDS being consoled by her friend, Figure A.3, page 63 in this manual and page 32 of the participant workbook. Read the scenario out loud.**
- 3- **Divide the participants into groups of three people.** Ask participants in each group to **select one of three roles:** 1) person with AIDS, 2) caregiver, and 3) observer.
- 4- Instruct the **"person with AIDS" and "caregiver"** in each group to **prepare their role-plays and act them out** in their small groups. Instruct the **observer** in each group to **evaluate the role-play** using the posted list of basic counselling skills from the previous exercise (a brief summary appears in the "Facts to Know" box on this page).
- 5- After the role-plays are complete, ask the **small groups to discuss and evaluate the counselling skills used during the role-plays** (based on the comments recorded by the observer). Circulate among the groups and assist as needed (allot about 25 minutes for preparation, performance, and evaluation).
- 6- **Bring the groups together.** Ask one of the groups to **volunteer to act out their role-play in front of the large group** (allot about 10 minutes).
- 7- Encourage the participants to **discuss and evaluate the skills demonstrated** (allot about 15 minutes).
- 8- **Review the important points and ask for feedback** from the participants.



# Comforting Someone with AIDS

## Scenario

Rose had been coughing and feeling unusually tired for about a month. She was concerned because she did not feel ill during her first two pregnancies. When she went to the doctor for a checkup, she discovered that she has AIDS. She is very distressed. She has a husband and two children. She doesn't know what is going to happen to them. Her friend Flora tries to calm her down.





## SECTION

# B

### Caring for a Person with AIDS' Physical Needs

#### Objectives

At the end of this section participants will be able to:

- 1- List the necessary precautions one should take when caring for someone with AIDS.
- 2- Identify the common symptoms of AIDS and give correct treatments for them.
- 3- Identify the appropriate resources in their communities working with and for people with AIDS.

#### Methodology

Presentation, brief lecture, large group discussion

#### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils
- services referral list (if prepared in advance)

#### Duration

45 minutes; two exercises, 30, 15 minutes

## Facts to Know

### SEE FIGURE B.1



The "Caring for a Person with AIDS" illustration shows a woman with AIDS surrounded by her family and friends. The figure also provides a written description of common symptoms and appropriate care options for people with AIDS.

### Caring for AIDS Patients

- There is NO CURE FOR AIDS, but symptoms can be treated to make a person with AIDS feel better and live longer.
- Many times, people with AIDS are sent home from the hospital where they may be neglected due to ignorance and fear. However, in many cases family and friends are better able to respond to the person with AIDS' social and psychological needs than health care providers.
- There is a great deal that home caregivers can do for people with AIDS. However, it is also necessary that the home caregiver know when to ask for help from health care professionals.
- Women tend to be the primary home caregivers, which in addition to their other duties, can be very taxing. A support network for the home caregiver, that provides relief from the constant demands, is very important.

## Exercise B.1 (30 minutes)



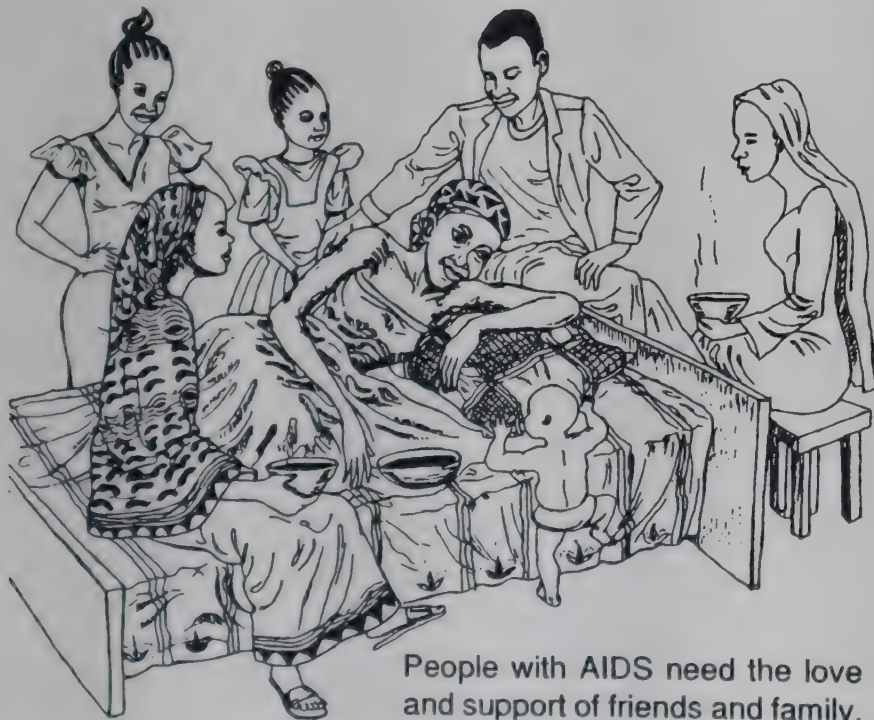
*Note: Remind the participants that the purpose for learning the proper care procedures is not to make them "medical experts." However, there is so much misinformation regarding the transmission of AIDS, it is imperative that the participants learn the facts so that they can get rid of the rumors and provide support for those in need.*

The facilitator will:

- 1- **Conduct a brief lecture and discussion** of the **common symptoms and care of people with AIDS** outlined in the "Facts to Know" box and in Figure B.1, page 66 in this manual and page 34 in the participant workbook (allot about 30 minutes).
- 2- During the discussion, **make a list of the AIDS-related symptoms and treatments** on poster board or a chalkboard. **Encourage participants to share their experiences** with regard to caring for AIDS patients. **Gently correct any misconceptions** that the participants may hold regarding the likelihood of contracting AIDS while caring for an infected individual.
- 3- **Review the important points and ask for feedback** from the participants.



# Caring for a Person with AIDS



People with AIDS need the love and support of friends and family.

## Symptoms and Care

**General-** Remove all excretions from skin and keep the patient dry. Open wounds and soiled linens and clothing can transmit the virus, therefore, it is important to be extra careful when handling soiled cloth and cleaning wounds. It is best to soak cloth in bleach for 20 minutes or to boil for 20 minutes. Hands should be washed carefully with soap after touching wounds and soiled linen. If available and affordable, caregivers should wear latex gloves while attending to patient. It is not necessary to wear masks or special jackets.

**Diarrhoea-** May lead to dehydration. Signs of dehydration include little or no urine, dry mouth, weight loss, sunken eyes, and loss of elasticity in the skin. Give fluids, especially oral rehydration therapy (ORT). To make the ORT drink: combine 1 liter of drinking water with 2 tablespoons of sugar and 1/2 teaspoon of salt, and mix well. The patient should sip the mixture every five minutes, at least 3 liters a day, or as much as they are losing. Advise patient/caregiver to seek advice from health care workers.

**Fever-** Give fluids, sponge with cool towel. Advise patient/caregiver to seek advice from health care workers.

**Weight loss-** Add high calorie foods to the diet such as cooking oil, milk, beans, peanuts, meat, and fish. Advise patient/caregiver to seek advice from hospital. Even if the patient hasn't lost a lot of weight, it is important to feed him or her a balanced diet with lots of fruits, vegetables, and grains (like corn and rice). A good diet will help the patient fight off other types of infections.

**Oral thrush-** A thick white mucous that lines the tongue and sides of the mouth. There is a medication (gentian violet) to help with this that you can get from a health care worker. Swab the medication on the inside of the mouth twice a day and rinse the mouth with water. A separate swab should be put aside for this use only. Be careful not to scratch patient's mouth.

**Sores and ulcers-** These can be found anywhere on the skin of the patient. Clean with boiled water and soap every day. Swab with the same medication as oral thrush. Turn the patient from side to side every two hours to prevent bed sores from developing.

**Dementia-** Remove obvious dangers from patient to keep from hurting himself. Orient the patient by talking about familiar people and places. Understand that AIDS can affect the brain and make the patient moody, forgetful, irritable, and unable to care for himself.

**Severe coughing-** Advise patient to go to the hospital.



## Facts to Know

### SEE FIGURE B.2



The "STD/AIDS Services Referral List" is designed to help peer educators organize the information about service providers in their own communities. This information can then be shared with their peers as appropriate.

## Exercise B.2 (15 minutes)



*Note: Although this exercise suggests that the peer educators complete the referral form together during the workshop, it may be worthwhile for the facilitator to research some of the local options before beginning the workshop. If the information is gathered prior to the workshop, the detailed information can be distributed to the participants, reviewed, expanded, and finalized during the exercise.*

The facilitator will:

- 1- **Review the referral list** included on page 68 of this manual and on page 42 in the participant workbook (or distribute a list of local service providers).
- 2- **Compile a complete list** that identifies the appropriate STD/AIDS resource people and places in their communities (or review and add to the list created and distributed by the facilitator). The completed referral list should include names of people, addresses and phone numbers for government offices, hospitals, clinics, churches, support groups, etc.
- 3- **Review the Important points and ask for feedback** from the participants.

# STD/AIDS Services Referral List

*Where to go for assistance in your community:*

## AIDS Information, Counselling, and Testing

Centre/Clinic/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Centre/Clinic/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Sexually Transmitted Disease Diagnosis, Treatment, & Counselling

Centre/Clinic/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Centre/Clinic/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Family Planning Counselling and Services

Centre/Clinic/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Centre/Clinic/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Condoms

Centre/Clinic/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Centre/Clinic/Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Chapter 6 Contents

### Section A: Myths About Condoms

### Section B: Why Use Condoms

#### Figure

Advantages/Disadvantages of Condom Use

### Section C: Using Condoms Correctly

#### Figures

Instructions for Use of the Male Condom

Instructions for Use of the Female Condom

### Section D: Condom Care and Disposal

#### Figure

Condom Care

### Section E: Negotiating Condom Use

#### Figures

Negotiating Condom Use

Arguments Regarding Condom Use

### Section F: Condom Distribution



# SECTION

# A

## Myths About Condoms

### Objectives

At the end of this section participants will be able to:

- 1- Describe their feelings and concerns about discussing safer sex with others.
- 2- Describe some of the common myths about condoms.
- 3- Describe the reasons why these myths are not true.

### Methodology

Dreaming, large group discussion

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

45 minutes; two exercises, 20, 25 minutes

## Facts to Know

### Feelings and Emotions

- All people, especially educators, must be aware of the influence that they have on others.
- Attitudes and feelings toward certain topics affect how we act in a given situation.
- When teaching or discussing difficult or taboo topics, teachers must be comfortable with the topic so that the audience can benefit from their knowledge without interference.

## Exercise A.1 (20 minutes)

*Note: This exercise asks participants to "dream about" themselves in various situations. Some participants may have never tried such an activity. Encourage participants to relax, close their eyes, "picture" themselves in the environment you are describing and "get in touch with" their feelings about it. To create each situation, the facilitator should read the initial summary statement provided and then add details (i.e., tell a story) relevant to the participants' environment.*

The facilitator will:

- 1- Ask the participants to **imagine how they would respond in the various situations**. After describing each situation in detail, **read the "analysis questions"** and ask the participants to **think about their answers**.

**"Imagine how you would feel ..."**

Situation 1- "distributing illustrated brochures to peers that describe how and why to engage in safer sex using condoms..."

Situation 2- "demonstrating how to put a condom on a penis model in front of a small group of peers during a training session..."

Situation 3- "discussing with a client or with a peer the reasons for using condoms. Negotiating with clients and peers who refuse to consider their use..."

### Analysis Questions

- Have you ever done anything like this before?
  - Do you feel comfortable?
  - What information and facts do you need to make you feel comfortable in this situation?
- 2- After reading the situations and questions, ask participants to **share some of their feelings and fears**. **Discuss and record the participant's responses** on poster board or a chalkboard.
  - 3- **Review the important points** and **ask for feedback** from the participants.

## Facts to Know

### Myths/Facts About Condoms

- **Myth**- condoms break a lot and are not reliable

**Fact**- new, correctly-stored, well-made condoms break very rarely

- **Myth**- most condoms are made too small for most men

**Fact**- condoms can be stretched big enough to go around a person's head

- **Myth**- condoms spread HIV

**Fact**- condoms do not contain the HIV virus but if used properly they can reduce its spread

- **Myth**- condoms fall off and get lost in the woman's vagina

**Fact**- if the penis is removed while still hard and while holding the base of the condom, the condom will not slip off; if for some reason it did, it could be removed using one's fingers

## Exercise A.2 (25 minutes)

*Note: As a follow-up to the previous exercise, the workshop facilitator should explain to the participants that one of the goals of the following exercises is to improve the participants' ability to feel comfortable and secure when using, and teaching others to use, their new knowledge of safer sex practices. Participants will have lots of opportunities to ask questions and practice using the information with each other.*

The facilitator will:

- 1- **Ask participants to share any "myths" or "facts" about condoms and condom use** which they may have heard. Several examples are provided in the "Facts to Know" box to start the discussion.
- 2- **Record the "myths"** (using local or slang names and expressions) on poster board or a chalkboard. **Discuss each of the "myths" and corresponding "facts."** **Encourage the participants to ask questions if the "facts" are not clear.**
- 3- **Review the important points and ask for feedback from the participants.**



**SECTION****B**

## Why Use Condoms

### Objectives

At the end of this section participants will be able to:

- 1- Describe the advantages of condom use.
- 2- Describe the disadvantages of condom use.

### Methodology

Small group discussion, large group activity

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

30 minutes; one exercise

## Facts to Know

### SEE FIGURE B.1 ▶ ▶ ▶ ▶

*The figure lists some of the advantages and disadvantages of condom use for commercial sex workers.*

### Why Use Condoms

- "Safer sex" is the practice of sexual behaviours that do not involve the exchange of blood, semen, or vaginal fluids. Condoms permit people to have safer sex.
- When used properly, condoms can prevent pregnancy and the transmission of sexually transmitted diseases.
- Latex condoms stop the HIV virus, other STD germs, and semen from coming in contact with a sex partner's body and thus prevent disease transmission and pregnancy.
- It may not be easy to start using condoms but it is most important if you plan to have sex with multiple partners or if your partner has sex with multiple partners. If you're unsure, it's better to be safe (recall from Chapter 2, Section C, Information About HIV/AIDS, that even a negative HIV test is no guarantee).

## Exercise B.1 (30 minutes)

The facilitator will:

- 1- **Divide the large group into smaller groups** of three or four participants each.
- 2- Instruct the members of the small groups to **brainstorm about the advantages and disadvantages of condom use**. Ask the groups to **select a spokesperson** to record and report the group's ideas (allot about 15 minutes).
- 3- Ask the participants to **return to the large group**. Ask each spokesperson to **share the ideas discussed in their small group**. **Record** the ideas on poster board or a chalkboard for later reference. If necessary, **make additional suggestions** from the sample lists provided in Figure B.1, page 75, or described in the "Facts to Know" box.
- 4- **Review the important points** and **ask for feedback** from the participants.

# Advantages/Disadvantages of Condom Use

## *Advantages of Condom Use*

- no STDs including HIV/AIDS
- don't need time off waiting for STD sores to go away
- avoid pregnancy
- don't need to wash self or clean sheets as often
- feel cleaner, not dirty inside
- feel safer and more secure
- don't need to go to the clinic
- no painful bleeding because of infections
- don't need to spend money on medication
- don't have to deal with warts and rashes that keep coming back

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## *Disadvantages of Condom Use*

- can lose customers who refuse to wear condoms
- takes the customer longer to ejaculate
- the condom could break or slip off
- condoms cost money
- less lubrication during sex
- more abrasive to woman's vaginal walls (latex doesn't slide over skin as easily)
- less enjoyment due to reduced sensation for the man

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## SECTION

# C

### Using Condoms Correctly

#### Objectives

At the end of this section participants will be able to:

- 1- Demonstrate proper handling and use of condoms.
- 2- Describe rationale for following the “proper use” steps outlined.

#### Methodology

Demonstration, large group discussion, large group activity

#### Materials Required

- paper and pens/pencils
- penis models (one for each participant)\*
- condoms (several for each participant)\*
- condoms cards for Exercise 6.C.2
- illustrated condom brochures (optional)\*

\* *the project should provide a penis model for each peer educator to use during peer training sessions; copies of brochures and free condoms should also be available for distribution at peer training sessions*

#### Duration

45 minutes; three exercises, 15,15,15 minutes



## Facts to Know

### SEE FIGURES C.1.A & C.1.B ► ►

The first set of illustrations depicts the steps to follow when using a male condom. The second set of illustrations shows the steps to follow when using one type of female condom.

#### Instructions for Use of Male Condom

- Put on condom before entering your partner!
- Get condoms from a well known dealer.
- Carefully open the package so not to tear the condom (it may be best to open the package in the light and leave it close by where it can be easily reached).
- Penis should be erect (hard) before putting on condom.
- If not circumcised, pull foreskin back. Squeeze tip of condom and put it on the end of the penis (squeezing the tip allows space for the semen to collect and reduces the possibility of bursting).
- While still holding the tip, unroll the condom until it covers the penis (never unroll or inflate the condom to check for flaws, it is impossible to put on after it's been unrolled and it may tear in the process).
- Insert penis (intercourse).
- After ejaculation (coming), hold the rim of the condom and withdraw (pull out) penis before it gets soft (holding the rim keeps the condom from slipping off).
- Slide condom off penis without spilling semen.
- If paper is available, wrap condom in it and throw it away or bury the condom (condoms must only be used once).
- Wash hands.

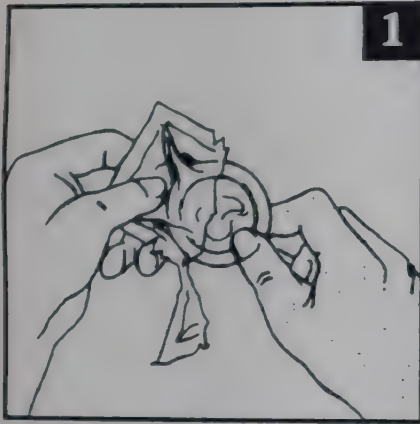
## Exercise C.1 (15 minutes)

*Note: A series of illustrations on use of the female condom has been included to answer general questions. If and when the female condom becomes widely available, a revised illustrated instruction sheet will be added to the manual.*

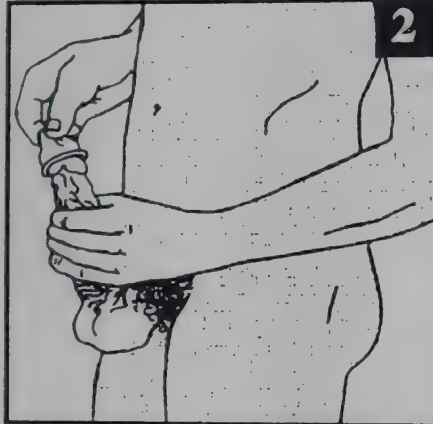
The facilitator will:

- 1- Using a penis model and condom, **demonstrate how to properly remove a condom from the package and place it on a penis model following the steps described** (allot about 5 minutes). Figure C.1.A, page 78, shows the steps to follow when putting on a condom. These illustrations are also included in the participants workbook on page 36.
- 2- After the demonstration and a brief discussion, **distribute penis models and condoms to all the participants.**
- 3- Ask the participants to **practice putting on and removing a condom using a penis model and condom** (allot about 10 minutes).
- 4- **Review the important points and ask for feedback** from the participants.

# Instructions for Use of the Male Condom



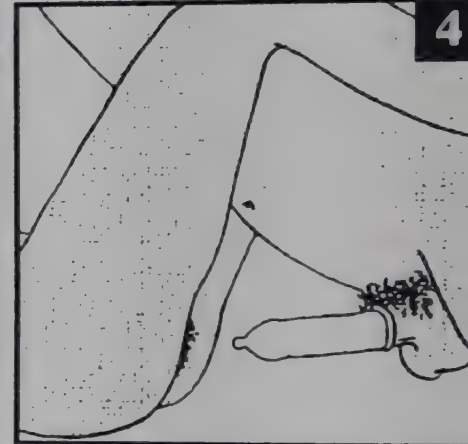
Carefully open the package so the condom does not tear. Do not unroll condom before putting it on.



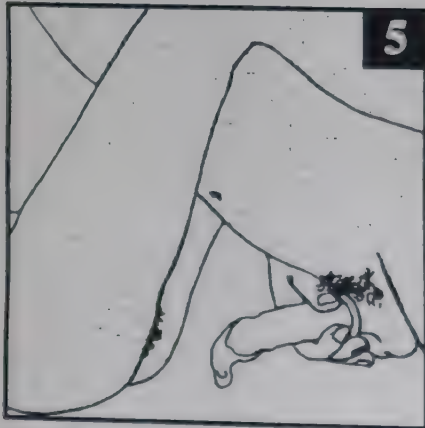
If not circumcised, pull foreskin back. Squeeze tip of condom and put it on end of hard penis.



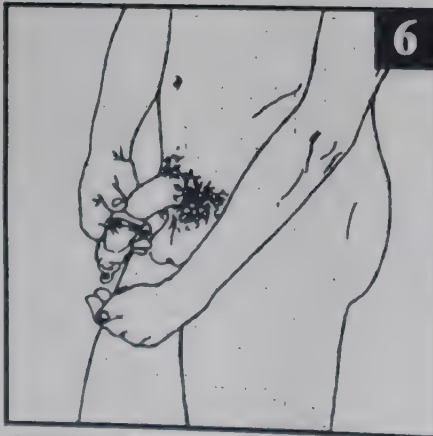
Continue squeezing tip while unrolling condom until it covers all of penis.



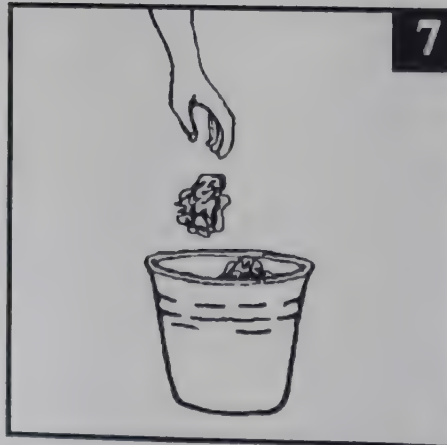
Always put on a condom before entering partner.



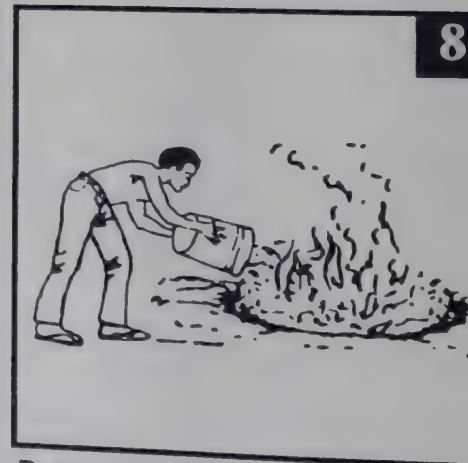
After ejaculation (coming), hold rim of condom and pull penis out before penis gets soft.



Slide condom off without spilling liquid (semen) inside.



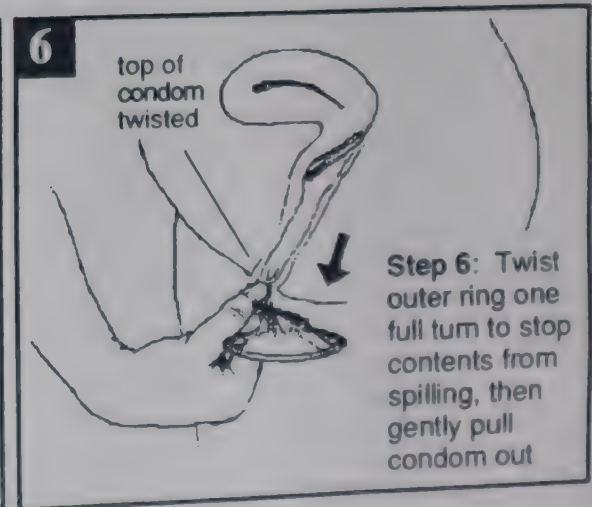
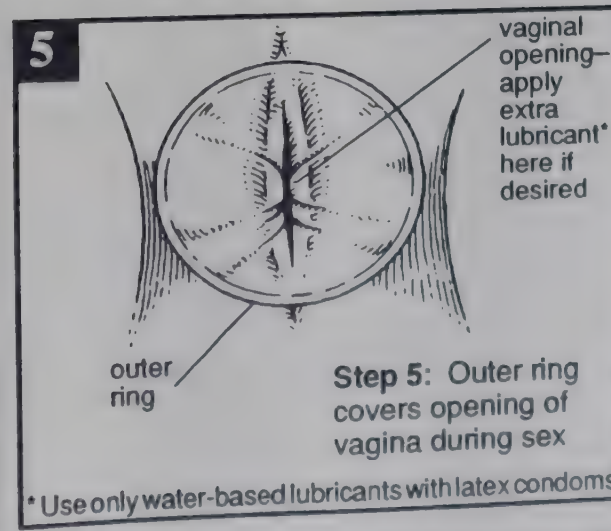
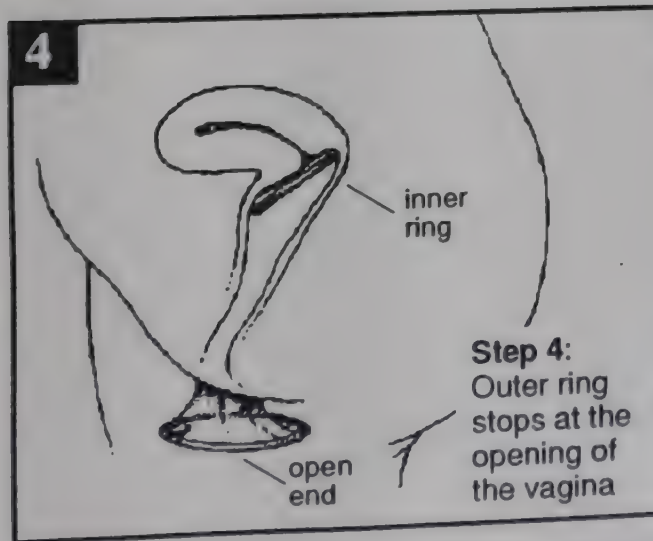
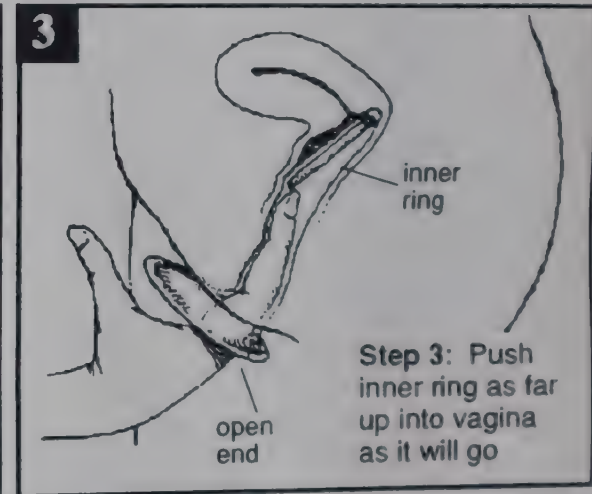
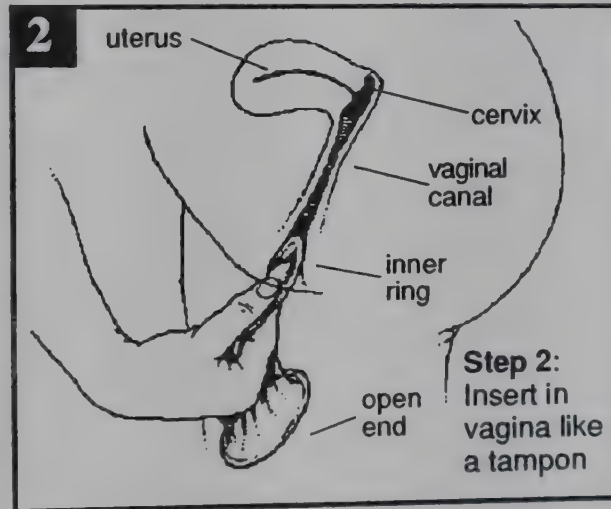
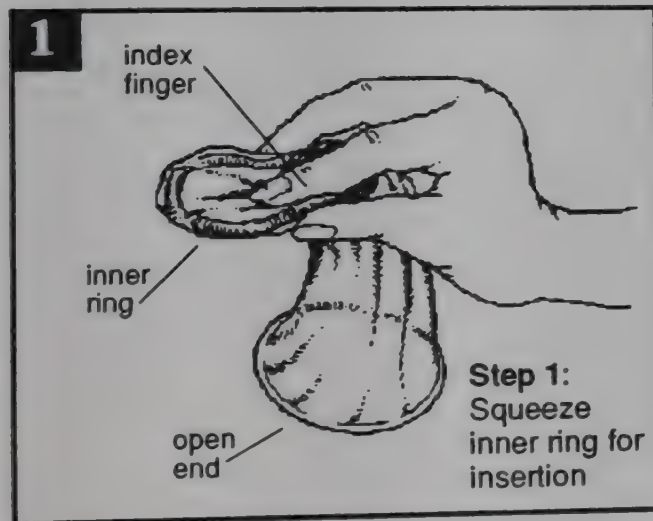
Tie and wrap the condom (in paper, if available) then throw in dust bin. Wash hands.



Burn or bury the condom with other trash. Wash hands.



# Instructions for Use of the Female Condom



**Disposal:** Wrap condom in paper and throw it away immediately after use. Do not flush down toilet. Do not reuse.

**Caution:** Avoid damaging the condom with sharp objects such as rings or fingernails.

*Illustrations compliments of Wisconsin Pharmacal Company  
makers of the Reality Female Condom*

## Exercise C.2 (15 minutes)

*Note: The “How to Use a Condom” cards have been reproduced on card stock and are located at the back of this manual. The cards contain both illustrations and words describing the steps. Carefully cut the cards from the manual or photocopy them onto card stock. If the cards are removed from the manual rather than photocopied, be sure to keep them for use during other workshops.*

The facilitator will:

- 1- **Select eight volunteers** from the group of participants.
- 2- In random order, **distribute the prepared “How to Use a Condom” cards** to the volunteers.
- 3- Instruct the volunteers to **look at each others’ cards and line up in the correct order** across the front of the room (allot about 5 minutes).
- 4- Instruct the participants remaining in the audience to **observe the problem-solving skills used by members of the “card” group** while completing the activity.
- 5- After the cards/participants are in the correct order, **ask each volunteer to describe the activity illustrated on his/her card. Discuss any questions or comments** that participants may have with regard to each. **Briefly discuss and evaluate the problem-solving approach** used by the “card” group (allot about 10 minutes).
- 6- **Review the important points and ask for feedback** from the participants.

## Exercise C.3 (15 minutes)

*Note: The purpose of this exercise is to help the participants feel comfortable handling the penis model and condoms in front of a group of people. The important thing to stress is have fun!*

The facilitator will:

- 1- **Ask for three volunteers** from the group of participants.
- 2- Inform the volunteers that they will be **competing in “Condom Races”** to see who can put a condom on a penis model in the **quickest and/or most creative manner**.
- 3- **Give each contestant a penis model and condom**, and **describe the rules** of the race:
  - “Racers” must demonstrate correct technique during application.
  - Creative application techniques are encouraged (but must follow suggested use guidelines).
  - Winners will be selected by audience applause.
- 4- **Conduct the races** using a typical race format.
- 5- **Repeat the races until all participants have the opportunity to race.**
- 6- **Review the Important points** and **ask for feedback** from the participants.



## SECTION

# D

### Condom Care and Disposal

#### Objectives

At the end of this section participants will be able to:

- 1- Describe procedures for the proper care of condoms.
- 2- Describe rationale for following the "proper care" steps outlined in the manual.
- 3- Describe the proper disposal of used condoms.

#### Methodology

Presentation, brief lecture, large group discussion

#### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

#### Duration

30 minutes; one exercise

## Facts to Know

### SEE FIGURE D.1 ► ► ► ►

*The series of "Condom Care" illustrations shows proper and improper methods of caring for condoms.*

### **Manufacture and Expiration Dates**

- Most condoms have either a manufacture or expiry date stamped on them. Expiry dates are usually stamped on condoms that contain a spermicide (spermicides lose their effectiveness over time). Condoms should be used before the expiry date or within three to five years of the manufacture date.
- Regardless of the manufacture or expiry date, if a condom has a defect or flaw don't use it, throw it away and get a new one. Don't purchase packages or use condoms from packages that are damaged.

### **Condom Disposal**

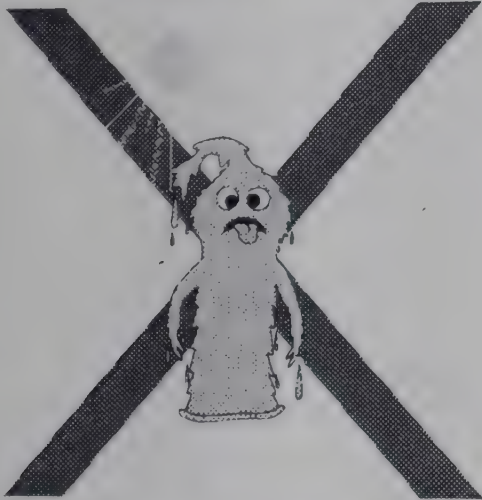
- Throw in a pit latrine (water filled toilets are easily clogged by condoms).
- Burn in a fire.
- Bury in the ground.
- Do not leave used condoms around where children or animals can get into them.
- Guest houses sometimes have difficulties with condom disposal; guests throw them under the bed or anyplace around the room. Guest house managers should be encouraged to cooperate by providing condoms in each room as well as some type of collection bin to encourage proper disposal. Attendants must be trained in how to pick up and dispose of used condoms when necessary.
- The local health department may be able to suggest a disposal solution if necessary.

## Exercise D.1 (30 minutes)

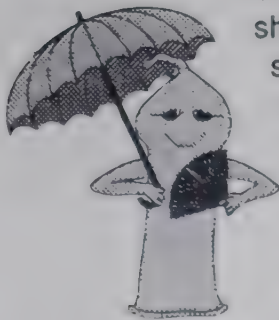
The facilitator will:

- 1- **Conduct a brief presentation and discussion regarding proper and improper methods of condom care** (including an explanation of the differences between the manufacture and expiry date) **and condom disposal**. Use Figure D.1, pages 84-85 to summarize the main points of condom care. Use the information outlined in the "Facts to Know" box to discuss manufacture/expiration dates and condom disposal. **Record important ideas** which are shared during the discussion on poster board or a chalkboard.
- 2- **Encourage participants to ask questions and/or offer comments** throughout the discussion. **Gently correct any wrong ideas** which the participants may hold regarding the care and disposal of condoms.
- 3- **Review the important points and ask for feedback** from the participants.

# Condom Care



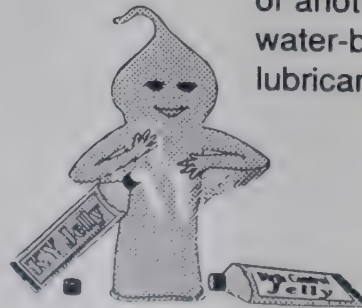
DO NOT keep your condom in a tight pocket, or in your wallet for a long period— it's too hot. DO NOT use condoms which are dry, dirty, brittle, yellowed, sticky, melted or damaged.



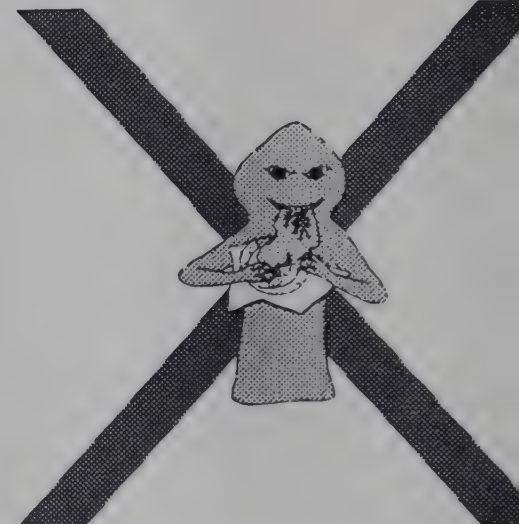
Condoms should be stored in a cool, dark, dry place away from sunlight, moisture, and heat.



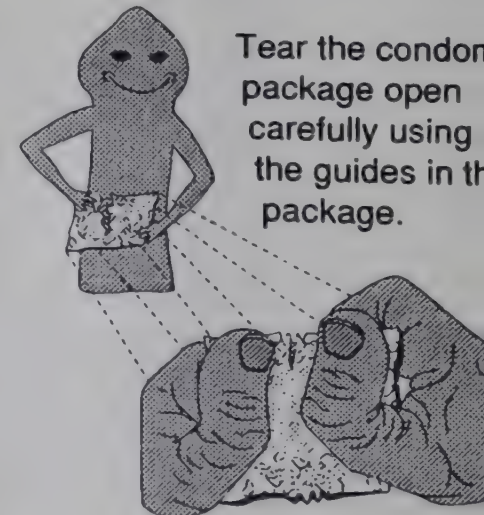
DO NOT use grease, oils, lotions, or petroleum jelly to make condoms slippery— the oils cause the condom to break.



Use glycerin or another water-based lubricant.



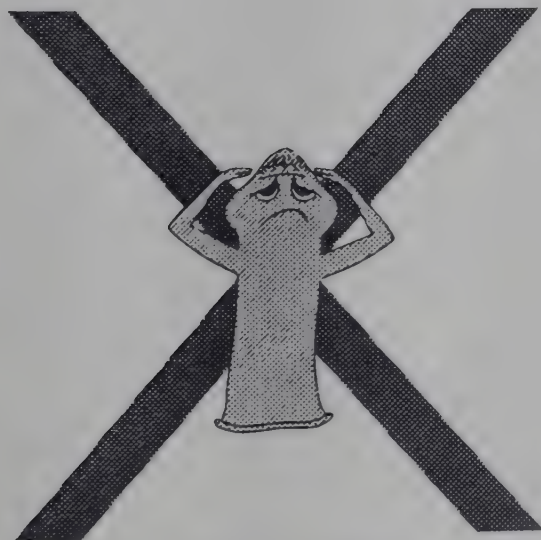
DO NOT use your teeth or other sharp objects to open the package— it may tear the condom.



Tear the condom package open carefully using the guides in the package.



Figure D.1



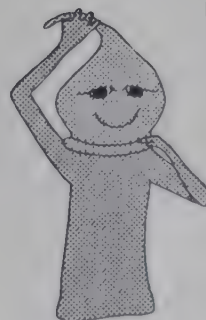
DO NOT pull the condom tight over the head of the penis— it may cause the condom to burst.



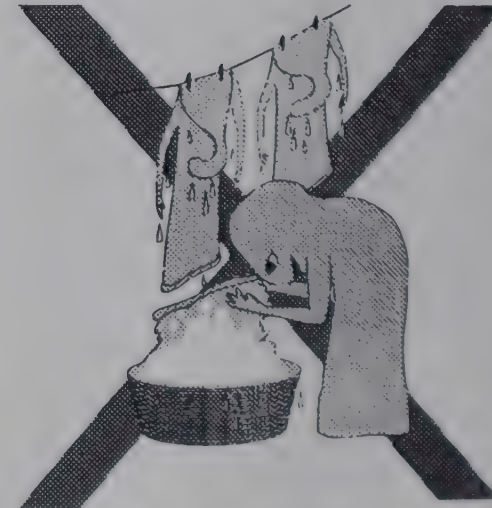
Squeeze the air out of the tip of the condom as you put it on to leave space for the semen to collect.



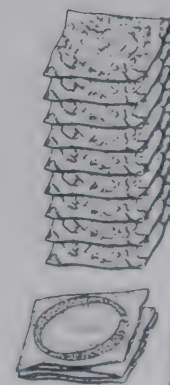
DO NOT unroll the condom to check for tears before putting it on.



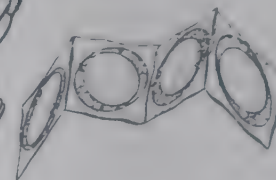
Unroll the condom directly onto hard penis



DO NOT wash out and attempt to reuse a condom— it may break.



Only use a condom one time and then dispose of it properly. Keep plenty of fresh condoms available.



# SECTION

# E

## Negotiating Condom Use

### Objectives

At the end of this section participants will be able to:

- 1- Describe common arguments against condom use.
- 2- Describe common arguments for condom use.
- 3- Demonstrate ability to negotiate condom use with a partner.

### Methodology

Large group discussion, role-plays

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

60 minutes; two exercises, 15, 45 minutes

## Facts to Know

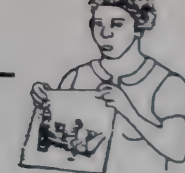
### SEE FIGURE E.1

The figure "Negotiating Condom Use" shows a woman discussing condom use with her partner. Also described are strategies for overcoming some of the factors that hinder attitude and behaviour change.

### Changing Sexual Attitudes and Behaviours

- Cultural, religious, and family values have helped form people's opinions and practices regarding sex and condom use. These opinions and practices may be difficult for workshop participants (and their peers) or their partners to change. For this reason, participants and their peers need to develop an effective strategy to change their own, as well as other people's behaviour, regarding condom use and sex practices.
- Many people, especially women, are not comfortable speaking their own opinions and views. Many women also have the feeling of not being in control or feel like they have no social support. To overcome these problems women must make a commitment to change.

## Exercise E.1 (15 minutes)



*Note: Different cultures and subcultures may hold different views on sex and condom use. The discussion should encourage sharing and respect of all viewpoints. Some "beliefs" may be misconceptions that need to be explained. Certain "traditions or superstitions" may be more difficult to change especially if they are based on incorrect information. In some instances, workshop participants may resist the introduction of the facts or request "proof" that the "facts" are true.*

The facilitator will:

- 1- **Introduce the topic and encourage a short discussion of the cultural, religious, and family values that have an impact on condom use.** Use the information provided in the "Facts to Know" to initiate the discussion.
- 2- After the participants identify the issues that have an impact on condom use, ask the participants to **brainstorm possible plans or strategies that they could use to increase condom use with their partners.** Figure E.1, page 88, provides some ideas to consider when developing a personal strategy. The illustration can also be found on page 38 in the participant workbook.
- 3- **Record the main ideas** on poster board or a chalkboard for later reference.
- 4- **Review the important points and ask for feedback** from the participants.



# Negotiating Condom Use

*A good strategy should consider:*

- The best time to discuss condom use (generally before things get passionate—should be a thoughtful discussion not an emotional argument). Both partners need to feel comfortable.
- Keep an open mind. Be prepared to listen to your partner's concerns.
- Prepare rational responses to all arguments that your partner may use against you (this will increase your confidence).
- Be assertive rather than aggressive. Try to persuade rather than intimidate. Do not threaten.
- Have alternative solutions and approaches ready (especially have plenty of condoms ready).
- Be confident and do not beg. Establish your personal limits, what you will and won't do, in advance so that your health and well-being are always foremost and can't be compromised.
- Find strength in numbers. Let your partner know that everyone who cares about themselves is doing it with condoms now.



## Facts to Know

### SEE FIGURE E.2 ► ► ► ►

The figure, "Arguments Regarding Condom Use," lists arguments both for and against condom use.

## Exercise E.2 (45 minutes)

*Note: Due to the personal nature of this role-play, participants may initially have difficulty "acting out" this exercise. If necessary, the facilitator(s) may need to demonstrate one role-play situation to "break the ice."*

The facilitator will:

- 1- **Conduct a brief discussion on possible arguments for and against condom use.** Figure E.2, page 90, lists some of the common arguments for and against condom use. **Record the ideas** on poster board or a chalkboard (allot about 15 minutes).
- 2- **Select one pair of volunteers** from the group of participants to **role-play** a situation in front of the group.
- 3- **Create a brief background situation** tailored for the participants (see sample situation below) that will result in some of the common arguments shown in Figure E.2. **Ask the volunteers to role-play their reactions to the situation** (allot about 3-5 minutes for development and performance of each situation).

Sample Situation: Mary, a local barmaid, and John, a trucker, met recently through a mutual friend, they really hit it off and their relationship has progressed quickly. Mary has invited John to spend the night and is thinking about how to approach the issue of condom use...

- 4- **Discuss the effectiveness of the strategies** used by both partners (allot about 3-5 minutes).
- 5- **Ask for other volunteers and repeat the process.** Provide as much practice in different situations as possible, especially with very pushy, strong-willed partners who do not want to use condoms.
- 6- **Review the important points and ask for feedback** from the participants.

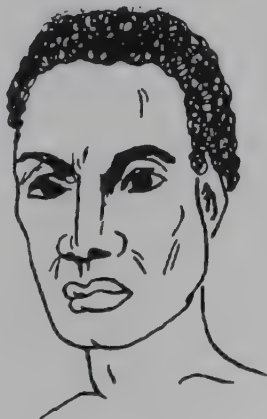


# Arguments Regarding Condom Use

## Possible Arguments Against Condom Use

### When he says ...

1. "I can't feel anything. It's like wearing a raincoat."
2. "I know I'm clean (disease-free); I haven't had sex with anyone in \_\_\_\_ months."
3. "I'll lose my erection by the time I stop and put it on. By the time I put it on; I won't be in the mood."
4. "It's so messy and it smells funny."
5. "Just this once."
6. "I don't have a condom with me."
7. "Condoms are unnatural, fake, a total turnoff."
8. "You never asked me to use a condom before."



## Arguments For Condom Use

### You can say ...

1. "I know there is some reduced sensation, but there is still plenty of sensation left." (Open condom and feel how thin it is.)
2. "Thanks for telling me. As far as I know, I'm disease-free too. But I'd still like to use a condom since either of us could have an infection and not know it."
3. "I can help you put it on. That should give you lots of extra sensations and help keep you in the mood."
4. "Well sex is like that. But this way we'll be safe."
5. "Once is all it takes."
6. "I do."
7. "STDs, especially AIDS are a turnoff too."
8. "This will help to prevent infection or reinfection."





# SECTION

# F

## Condom Distribution

### Objectives

At the end of this section participants will be able to:

- 1- Describe condom availability in their local community.
- 2- Develop strategies for making condoms more available in their local community.

### Methodology

Large group discussion

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

15 minutes; one exercise

## Facts to Know

### Promotion and Distribution

- If condom use is not promoted in the local community, the participants and their peers may be able to encourage people to use condoms by:
  - handing out flyers
  - encouraging shop owners to display posters in drug stores, bars, hotels, etc.
  - talking with friends and family (especially young people) to teach them about STD/AIDS prevention
  - encouraging artists to make art, theatre, music, radio spots that can be used in the community, etc.
- If condoms are not readily available in the local community, the participants and their peers may consider:
  - approaching vendors and shop owners asking them to stock condoms
  - asking for condoms at the local clinic
  - encouraging the project coordinator to talk with local officials about a condom distribution programme

## Exercise F.1 (15 minutes)

*Note: If condoms are not widely used in the community and/or among the participants, it may be necessary to make some advance inquiries regarding the availability and reliability of local vendors.*

The facilitator will:

- 1- **Ask participants about the current availability of condoms** in their community, the quality, the price, consistency of supply, etc. Some questions to initiate discussion appear below.
  - Are there many places to purchase condoms in your community?
  - Are the available condoms of good quality and affordable?
  - Name some of the brands you can get locally (good or bad reputation)

**Record the answers to the questions** on poster board or a chalkboard.

- 2- **Ask the participants to think of possible ways to improve condom use and supply in their community** (brainstorm possible solutions to the questions posed below, some ideas appear in the "Facts to Know" box).
  - Is condom use promoted in your community? If not what can you do to encourage condom use?
  - If condoms are not easy to get or are poor quality or expensive, is there something you and your friends can do to make sure that high quality affordable condoms are available whenever you need them?

**Record the ideas** on poster board or a chalkboard.

- 3- **Review the important points and ask for feedback** from the participants

## Chapter 7 Contents

### **Section A: What is Effective Communication?**

Figure

Communication Model

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Figure

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### **Section C: Talking to Your Peers**

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Teaching Your Peers

### **Section D: Talking to Groups**

## CHAPTER

# 7

**Effective  
Communication**



# SECTION

# A

## What is Effective Communication?

### Objectives

At the end of this section participants will be able to:

- 1- Explain the different parts of the communication model.
- 2- List some of the factors that contribute to effective communication.
- 3- List some of the barriers to effective communication.
- 4- Describe ways to overcome the barriers identified.

### Methodology

Presentation, small and large group discussion

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

60 minutes; two exercises, 30, 30 minutes

## Facts to Know

### SEE FIGURE A.1 ► ► ► ►

The "Communication Model" graphic illustrates how messages are transmitted between the sender and the receiver.

### Features of Effective Communication:

- correct and simple message
- use of appropriate visuals to convey message
- good environment for message transfer
- preparation and attention of message recipient
- common knowledge of each other's background and experience (for both sender and recipient)
- nonverbal communication skills of both message deliverer and recipient
- listening skills of both deliverer and recipient
- deliverer's credibility and knowledge of subject
- confidence of message deliverer
- ability of message deliverer to elicit and respond to questions from recipient (get feedback)

## Exercise A.1 (30 minutes)

*Note: The use of a graphic representation (model) may be new to some of the participants. Be sure to explain the features and the relationships between features carefully.*

The facilitator will:

- 1- **Draw the communication model** shown in Figure A.1, page 96, on poster board or a chalkboard. While drawing, **identify and label each feature**: face of the **sender**, face of the **receiver**, a line indicating a **message** sent between the two, a mask representing the **filter** through which the message must pass before it reaches the recipient, and an arrow depicting the **feedback** from the recipient (allot about 10 minutes).

- 2- **Use an example to illustrate the model** (allot about 5 minutes).

Example: A peer educator trying to talk to a friend at a bar about AIDS prevention while the friend is drinking with a regular client.

Sender: peer educator

Receiver: friend (CSW peer)

Message: How AIDS is transmitted, ways to prevent STDs/AIDS

Filter: alcohol, client, noise, lighting, other distractions, etc.

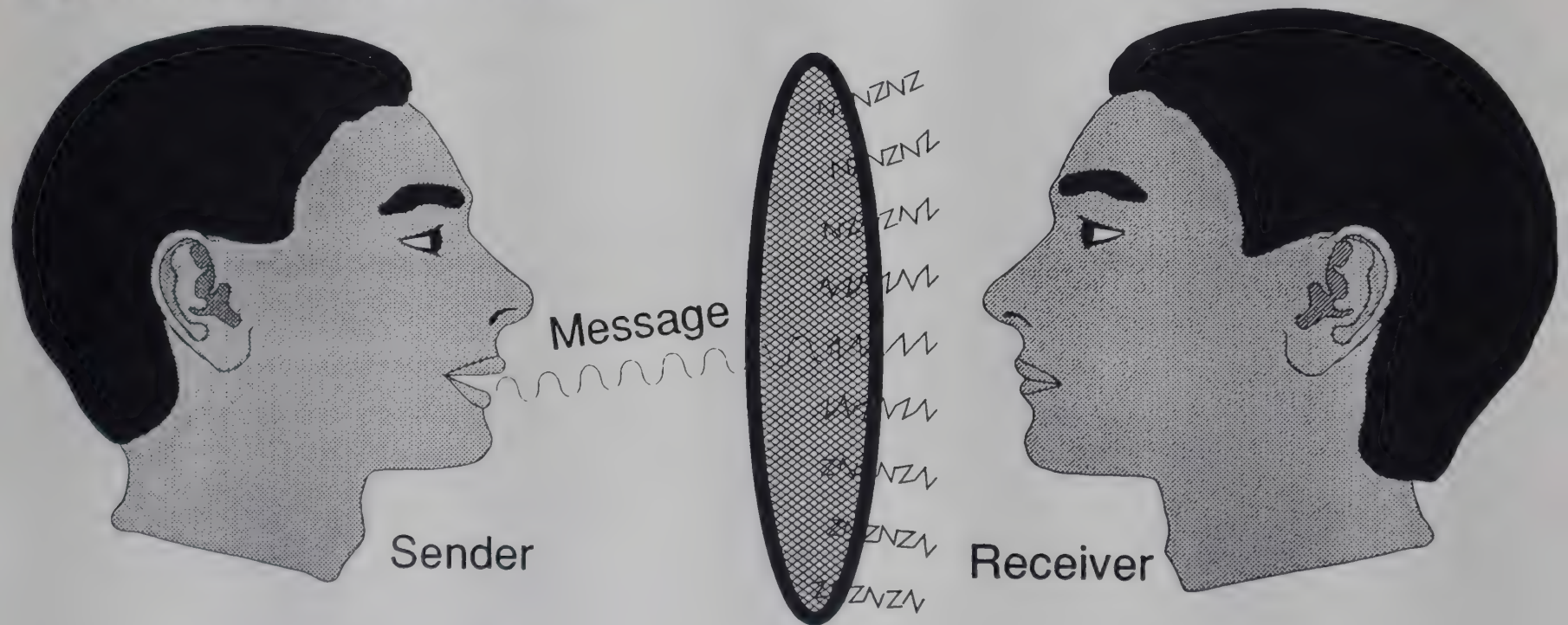
Feedback: "Come talk to me tomorrow."

- 3- **Ask the following questions to begin a discussion** of the example:
  - a. How might the peer educator have been more successful at communicating his/her message?
  - b. Why is feedback so important?

**Discuss and record the participant's responses** on poster board or a chalkboard. Use the information in the "Facts to Know" box as a guideline for the discussion (allot about 15 minutes).

- 4- **Review the important points and ask for feedback** from the participants.

# Communication Model



Sender- the source (person or group) that is trying to communicate something.

Message- what the sender is trying to communicate.

Receiver- the individual, group, city, etc. that is the target for the information being communicated.

Filter  
(Interpretation)

Feedback Loop

Feedback- the information that the receiver gives back to the sender.

Filter- anything that alters the message that the source is trying to send to the receiver (this includes the base of experience with which the receiver interprets the message)



## Facts to Know

### *Obstacles to Effective Communication*

- differences in perception (lack common experiences)
- differences in language (spoken and body)
- differences in social customs
- differences in levels of education
- unequal social status or economic situation
- competing messages
- environmental hindrances
- resistance to change, lack of willingness to make concessions
- lack of respect

## Exercise A.2 (30 minutes)

The facilitator will:

- 1- Ask the participants to **identify some things that are obstacles to good communication. Record the list** on poster board or a chalkboard. Use the information in the "Facts to Know" box as a guideline for the discussion (allot about 10 minutes).
- 2- **Divide the participants into three smaller groups. Assign two or three of the obstacles** to effective communication to each of the groups and ask them to **come up with several strategies** to overcome each of the obstacles. Ask each group to **pick a spokesperson** to record and report their ideas to the whole group (allot about 10 minutes).
- 3- **Bring the groups back together** and ask the **spokespersons to report** their strategies to the large group. **Discuss and record the strategies** on poster board or a chalkboard (allot about 10 minutes).
- 4- **Review the important points** and **ask for feedback** from the participants.

# SECTION

# B

## Using Visual Aids

### Objectives

At the end of this section participants will be able to:

- 1- Evaluate whether educational materials are appropriate for a given individual or group.
- 2- Describe appropriate use of different types of educational materials including posters, flyers/brochures, models, and flip charts.

### Methodology

Large group activity and discussion, presentation

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils
- AIDS prevention educational materials such as posters, brochures, flyers, stickers, comic books, flip charts, and other culturally appropriate visual aids (especially the illustrations from the *Peer Educator Workbook*); penis models and condoms
- samples of educational materials that would be inappropriate for a low-literate individual or group

### Duration

1 hour 30 minutes; one exercise



## Facts to Know

### SEE FIGURE B.1 ► ► ► ►

The figure, "Tips on Using Visual Aids," provides suggestions for the effective use of flip charts, models, posters, and brochures.

### Evaluating Educational Materials

Before using or distributing educational/informational materials, it is important to determine whether they are appropriate for a given individual or group. Usually materials made available by the project are tested to make sure they work. If you use materials which have not been tested and/or were developed for use by a different group, review them to evaluate whether they are:

- acceptable/culturally sensitive— Will the illustrations and words offend people in the community? Is the material directed to people of a specific age, sex, ethnic, social, or work group? Are posters and/or brochures often used to convey messages— or is some other method(s) preferred?
- easy to understand— Will the recipient know what the material is trying to convey? Are the text and illustrations clear?
- appropriate reading level/language— Are the words easy to understand? Is the language commonly used by the recipient?
- high quality— Do the materials match the community standards set for similar items?
- technically correct— Is the information shown correct? Does it address common misconceptions?

## Exercise B.1 (1 hour 30 minutes)

*Note: This exercise is designed to provide a brief overview on evaluation and use of educational/informational materials. If possible, show and evaluate many different types of materials which are both appropriate and inappropriate for use by peer educators.*

The facilitator will:

- 1- **Display a collection of educational materials** on a large table and **ask the participants to look at them carefully** (allot about 15 minutes). **Ask each participant to select one item** from the collection and return to their seat.
- 2- **Discuss and brainstorm about what is important to consider (criteria) in deciding whether or which materials to use in peer training sessions.** Use the list of questions in the "Facts to Know" box to start the discussion. **Record the ideas** on poster board or chalkboard (allot about 15 minutes).
- 3- **Ask each participant in turn to hold up the item which they selected and evaluate it based on the criteria discussed.** **Ask other participants to consider** (and share their comments about) **whether they agree with the evaluation** (allot about 30 minutes).
- 4- **Conduct a presentation and discussion that describes how various materials (i.e., flip charts, models, posters, brochures) can be used.** Use the information in Figure B.1, page 100, as the basis for the presentation (allot about 20 minutes).
- 5- **Ask the participants to think of** (and share their ideas about) **other creative ways to use the items** which they selected from the collection (allot about 10 minutes).
- 6- **Review the important points and ask for feedback** from the participants.



# Tips on Using Visual Aids

## Flip Charts

- Always stand facing the audience when using a flip chart.
- Hold the flip chart so that everyone in the group can see it, or move around the room with the flip chart if the whole group cannot see it at one time. Point to the illustration/graphic when explaining it.
- Involve the group. Ask them questions about the illustrations.
- Use text (if any) as a guide; do not depend on it. Memorize the main points and explain them in your own words as you show the illustration.

## Models

- Use models to demonstrate actions/behaviours that cannot be shown using the actual object(s). For example, use a penis model to show how to put on a condom correctly.
- Models which look very much like the actual objects are generally better and more engaging. However, if necessary, gross replicas of the object(s) can be used provided that the training participants understand what object(s) the model(s) represent.
- If possible, allow the training participants to practice with the model. People learn by doing and often don't realize what they don't know until they try it for themselves.

## Posters

- Display the posters in places where many people will see them, such as clinics, banks, kiosks, bars, truck stops, hotel lobbies, and eating establishments. Put them in places protected from rain and wind. (Always ask permission first so that your poster is not torn down and thrown out.)

- Use posters to encourage group discussion.

## Booklets and Brochures

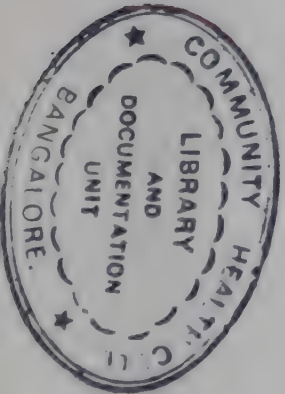
- Explain each page of the material to the recipient. This allows the recipient to both observe the illustrations and listen to the messages.
- Point to the illustration, not to the text. This will help the recipient to remember what the illustrations mean.
- Observe recipients to see if they look puzzled or worried. If they do, encourage them to ask questions and discuss any concerns. Discussion helps establish a good relationship and builds trust between you and your peers. Peers who have confidence in their peer educators will often transfer that confidence to their own decisions about health promoting behaviour.
- Give materials to your peers and suggest that they share the materials with others, even if they decide not to use the health practice described.

*Excerpted with modifications and some additions from Developing Health and Family Planning Print Materials for Low-Literate Audiences: A Guide; published by the Program for Appropriate Technology (PATH).*

## SECTION

## C

## Talking to Your Peers

**Objectives**

At the end of this section participants will be able to:

- 1- Demonstrate the effective use of one-on-one communication skills and visual aids through role-plays.
- 2- Answer questions about STDs/AIDS accurately.

**Methodology**

Large group discussion, role-play

**Materials Required**

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils
- AIDS prevention educational materials such as posters, brochures, flyers, stickers, comic books, flip charts, and other culturally appropriate visual aids (especially the illustrations from the *Peer Educator Workbook*); penis models and condoms

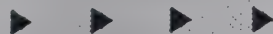
**Duration**

1 hour 30 minutes; two exercises, 30, 60 minutes



## Facts to Know

### SEE FIGURE C.1



The "Teaching Your Peers" illustrations depict several settings in which peer educators may conduct group and individual training sessions.

### Interpersonal Communication Skills

One-on-one presentations are most effective when the presenter:

- makes people feel comfortable
- makes the presentation in an environment that encourages conversation
- talks at a moderate pace and appropriate volume
- presents a message that is clear and simple
- asks questions of the listener to make sure that they understand the message
- demonstrates patience when the listener has difficulty understanding

## Exercise C.1 (30 minutes)

*Note: This exercise serves as the basis for the next exercise. It is especially important that the ideas and suggestions of the group are recorded accurately.*

The facilitator will:

- 1- **Conduct a presentation and discussion to review the aspects of good interpersonal communication** as outlined in the "Facts to Know" box (allot about 15 minutes).
- 2- Ask the participants to **brainstorm about settings and situations where they might educate their peers** (i.e., a bar, a truck stop, a friend's home, the market, a brothel, etc.). Figure C.1, page 103, depicts some of the settings where peer educators may conduct training sessions. The illustrations can also be found in the participant workbook, page 40 (to remind peer educators of the variety of settings where they may consider conducting training). **Record the ideas** on poster board or a chalkboard (allot about 5 minutes).
- 3- Ask participants to **list some of the questions that peers are likely to ask during a training session**. Ask the participants to **think about how they would respond**. **Record the questions** on poster board or a chalkboard (allot about 10 minutes). Several questions appear below.
  - How can you tell if someone has an STD? Is infected with HIV/AIDS?
  - How can you get infected with STDs/AIDS?
  - Is there a cure for AIDS?
  - Can I get AIDS from being in the same room with someone with AIDS?
  - Can you get AIDS from a mosquito bite?
  - How do you use a condom?
  - Where can I get a condom?
- 4- **Review the important points and ask for feedback** from the participants.



Figure C.1

# Teaching Your Peers



barber shop



village streets and outdoor gathering places



bars and eating establishments

## Exercise C.2 (60 minutes)

*Note: The purpose of the role-plays in this exercise is to give the participants a chance to practice teaching. If possible, after the participants have finished this session, plan a field trip to a truck stop or bar so the participants have some "real-life" experience while the facilitator observes.*

The facilitator will:

- 1- Ask participants to **form pairs for the purpose of role-playing a training session**. One person will be the "peer educator" while the other person plays the "student". **Assign each pair one of the scenarios** brainstormed during the previous exercise.
- 2- Ask the pairs to **prepare their role-plays to show** in front of the group (allot about 15 minutes for planning). Encourage the pairs to consider:
  - Which questions or concerns they want to act out.
  - What types of educational materials (i.e., a penis model, condoms, flyers, illustrations, etc.) they would like to use during their role-plays (Encourage some "educators" to attempt a training session without using any visual aids.)
  - What type of characters they want to play (i.e., someone who is interested in the information, a stubborn person, someone afraid to talk, someone distracted by their children or their work).
- 3- **Bring the group back together** and ask each pair to **present their role-play** (allot about 45 minutes). After all the role-plays have been presented, discuss and evaluate the performances. Use the following questions to get the discussion started:
  - How did you like the exercise?
  - Did you feel prepared for your roles as peer educators?
  - Which questions were the most difficult? Which were the easiest?
  - Based on your experience, what makes a good communicator?
- 4- **Review the important points** and **ask for feedback** from the participants.

## SECTION

## D

## Talking to Groups

### Objectives

At the end of this section participants will be able to:

- 1- Demonstrate the effective use of communication skills and visual aids in a group AIDS education session.
- 2- Demonstrate confidence while speaking in front of groups.

### Methodology

Skit (large group role-play)

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils
- AIDS prevention educational materials such as posters, brochures, flyers, stickers, comic books, flip charts, and other culturally appropriate visual aids (especially the illustrations from the *Peer Educator Workbook*); penis models and condoms

### Duration

1 hour; one exercise



## Facts to Know

### Observer's Checklist

The educator:

- ☐ spoke loud enough
- ☐ spoke clearly
- ☐ presented material at a good pace
- ☐ presented accurate information
- ☐ presented information that was of interest to the recipient
- ☐ presented well-organized information in a simple, easy-to-understand manner
- ☐ showed confidence
- ☐ made good use of the educational material
- ☐ listened to the "recipients" and responded to "feedback" appropriately
- ☐ held the group's attention
- ☐ made the recipients feel comfortable
- ☐ set up a comfortable environment for the training session

Other noteworthy characteristics:

## Exercise D.1 (60 minutes)

*Note: This exercise may be easier to organize if an additional facilitator is present to work with the groups while the primary facilitator coaches the "educator."*

The facilitator will:

- 1- **Tell the group they are going to do a play (skit)** that uses the communication skills and information they have discussed.
- 2- **Ask for a volunteer to be the "educator," then divide the remaining participants into two groups.**

- 3- **Assign the responsibilities** described below to each group.

Educator: Select the educational material that he/she would like to use as visual aids while teaching. Review basics of good communication skills. Discuss the types of questions and potential problems that may arise.

Group One: Participants are "peers" in the skit. Select specific characters (i.e., noisy, tired, quiet, sick, resistant) and prepare specific questions.

Group Two: Participants are to be "observers". Make a checklist of effective communications skills (use the information in the "Facts to Know" box as a guide for developing the checklist). Observe and evaluate the skit.

- 4- Allow each group time to **prepare for the skit** (allot about 20 minutes).
- 5- Ask the educator and group one to **act out the skit** (allot about 20 minutes).
- 6- Ask the **observer group to share their observations and comments.** Discuss the process in depth (allot about 20 minutes). Use the following questions to initiate discussion:
  - How did you feel during the skit? Did you enjoy it?
  - Why did you do what you did? What would you do differently next time?
  - Will the exercise help you to be a better educator?
- 7- **Review the important points** and **ask for feedback** from the participants.
- 8- **Ask participants to change roles and repeat the exercise if time permits.**

## Chapter 8 Contents

### **Section A: Role of Peer Educators**

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Peer Educator Qualifications and Responsibilities

### **Section B: Developing and Evaluating Your Work Plan**

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Work/Personal Development Plan

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### **Section D: Evaluation and Closing**

Figures

Evaluation Form

Sample Certificate of Workshop Completion

## CHAPTER

# 8

## **Sustaining a Peer Educator Programme**

# SECTION

# A

## Role of Peer Educators

### Objectives

At the end of this section participants will be able to:

- 1- Describe the duties and responsibilities of peer educators.
- 2- Exhibit a positive attitude about their role as a peer educator.

### Methodology

Large group discussion

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

45 minutes; one exercise



## Facts to Know

SEE FIGURE A.1 ► ► ► ►

The figure describes some of the qualifications and responsibilities that are commonly associated with the position of peer educator. The actual qualifications and responsibilities will vary according to the needs of the project and community.

## Exercise A.1 (45 minutes)

*Note: To operate a successful AIDS prevention programme, peer educators must be committed to the goal of educating their peers while serving as a community role model of safe behaviour. This exercise asks the participants to think about the qualities and characteristics that make an individual a good peer educator and role model. In addition, they are asked to list possible responsibilities and tasks that they will have in their communities. This session may also provide a chance to discuss possibilities for advancement should they exist with the project or in the community. As peer educators gain more experience and skill they may be willing to, and should be encouraged to, take on more responsibilities in the project and/or in their communities.*

The facilitator will:

- 1- Ask the participants to **brainstorm a list of the qualifications needed by peer educators**. **Record the list** on poster board or a chalkboard. Some possible qualifications are shown in Figure A.1, page 110 (allot about 20 minutes).
- 2- Ask the participants to **brainstorm a list of possible tasks and responsibilities** of peer educators. **Record the list** on poster board or a chalkboard. Some possible tasks/responsibilities are shown in Figure A.1, page 110 (allot about 25 minutes).
- 3- **Review the important points** and **ask for feedback** from the participants.

# Peer Educator Qualifications and Responsibilities



## Qualifications

A peer educator should be:

- literate, with at least primary school or adult education (education qualifications should not be binding if the candidate rates high in other areas)
- able to organize personal schedule to permit accomplishment of his/her duties and responsibilities
- active and lively
- good mannered, easy-going
- accepted and respected by their peers
- able to lead by example
- willing to listen to other people's views
- willing to learn about and teach peers about STDs/AIDS

## Responsibilities

A peer educator will:

- educate people about transmission and prevention of STD/AIDS; including truck drivers and their assistants, bar maids, lodge attendants and other women who have sexual relations in exchange for money, sexual partners of people at risk
- teach people how to use condoms and convince them to use them each time they have sex; hand out condoms during training sessions
- hand out educational materials and use them as teaching aids
- get and properly store a supply of condoms and educational materials for later distribution
- maintain a regular supply of condoms and educational materials in the truck stop, at the brothel, and other pre-arranged locations
- review training notes and educational information frequently to be sure of the accuracy of the information that you share
- protect yourself from STDs/AIDS
- provide reports to the project on your work
- understand the successes and problems associated with your work
- work together with other peer educators, project staff, health providers, and government officials

**SECTION****B**

## **Developing and Evaluating Your Work Plan**

### **Objectives**

At the end of this section participants will be able to:

- 1- Describe how and where they can find additional support and resources to help them complete their duties.
- 2- Describe their personal development plan and work plan.
- 3- Explain how they will successfully complete their personal development plan and work plan.

### **Methodology**

Large group discussion, small group activity

### **Materials Required**

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### **Duration**

1 hour; two exercises, 20, 40 minutes



## Facts to Know

### Information Resources

Periodic support/discussion groups and/or refresher training sessions for peer educators can provide opportunities to acquire new information and share effective training techniques. If questions arise in the interim other resources are available including:

- project coordinator (and/or referrals that he/she may make)
- peer educator trainer (may have materials that he/she can loan)
- other peer educators (may have similar problems or questions)
- local health care providers (may have access to different information, provide additional insight)
- other resources \_\_\_\_\_

## Exercise B.1 (20 minutes)

*Note: This exercise is designed to help the participants feel more comfortable in their roles as peer educators by identifying some resources which they can use while completing their tasks. Peer educators, with help from the project staff, will provide a great deal of support for each other. The "closeness" which develops among the workshop participants should be encouraged as the workshop draws to a close and the participants assume their roles as peer educators.*

The facilitator will:

### 1- Ask the participants to think about their answers to the following questions:

- What questions do you still have about HIV/AIDS transmission and prevention?
- Do you know how the male and female body works to have children?
- Can you explain why so many women are getting infected?
- Can you demonstrate how to correctly use a condom?
- Do you know how to talk to someone with AIDS? Do you know how to talk to their family members to make them feel better?
- Do you know where to go to be tested for HIV?
- Do you know where to go to find condoms?
- Other questions \_\_\_\_\_

### 2- Using the questions below to begin the discussion, **brainstorm ideas about how and where participants can get various types of information.** The "Facts to Know" box contains some possible suggestions. **Record the ideas** on poster board or a chalkboard (allot about 15 minutes).

- Who can help you? What types of information do they have?
- Where are they located?
- Do you need to make an appointment?

### 3- Review the important points and ask for feedback from the participants.

## Facts to Know

### SEE FIGURE B.2 ► ► ► ►

The figure includes one possible solution to the work/personal development plan scenario posed in the exercise. There is no one correct solution. For this reason, the figure also describes the rationale for the decisions made during the development of the plan.

### Managing Time/Organizing Tasks

Some items that may prove useful in helping to arrange a schedule include:

- calendar (pocket style, that provides space for notes and appointments)
- clock and/or watch
- map of area (useful for determining the shortest route to take while running errands)
- weekly work/personal development plan ("to do" list)
- long-term work/personal development plan ("to do" someday list, for tasks that cannot be done immediately)
- bag and/or box for holding and transporting condoms, educational materials, etc.
- other items: \_\_\_\_\_

## Exercise B.2 (40 minutes)

*Note: As noted in exercise A.1, the tasks and responsibilities of a peer educator can be a bit overwhelming. Many peer educators may not have experience organizing their time and establishing schedules. This exercise discusses the concept of planning your time to allow for personal as well as professional development.*

The facilitator will:

- 1- **Divide the large group into small groups** of three participants each.
- 2- **Read the following scenario and questions** to initiate small group discussion (allot about 5 minutes):

### Scenario:

Imagine that you are working as a peer educator and that in addition to working each evening your responsibilities in the coming week are to: 1) maintain the supply of free condoms and informational flyers at the truck stop, bar, brothel, and hotel; 2) talk informally with truckers at the bar and truck stop; 3) schedule and conduct a training session with the CSWs at the local brothel; 4) attend a meeting of peer educators at the project office scheduled for Tuesday AM; 5) visit clinic for checkup (personal); and 6) visit sick friend (personal).

### Discussion Questions:

- How would you go about doing all of these tasks during the week? Should one be completed before another? Is one more/less important?
  - What strategies and items can you use to help organize your schedule?
- 3- **Challenge the groups to arrange a schedule** that makes good use of their time and reduces wasted effort (allot about 15 minutes).
  - 4- Ask the participants to **return to the large group. Discuss the strategies and items which they used to develop a schedule.** The "Facts to Know" box contains some possible suggestions for items that improve time management capability. Figure B.2, page 114, includes a possible work/personal development plan. **Record the most useful ideas** on poster board or a chalkboard (allot about 20 minutes).
  - 5- **Review the important points and ask for feedback** from the participants.



# Work/Personal Development Plan (Example)

Week of June 1-7

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
plan schedule for the week	brothel— set up training 11AM	peer educator meeting 11AM	conduct brothel training 11AM	market— shop & talk w/vendors*	clinic visit for checkup 11AM	fix food basket for sick friend
	talk w/ truckers; refill condom & flyer supply (B)	get more condoms & flyers	talk w/ truckers; refill condom/ flyer supply (TS)	refill condom/ flyer supply (H)	meet friends	visit sick friend
work— evening	work— evening	work— evening	work— evening	work— evening	work— evening	work— evening

B=bar TS=truck stop H=hotel

## Sunday

- allow time to organize/plan events for the coming week

## Monday

- finalize events— confirm time, location, number of participants, agenda/topics for discussion, etc. for events that are to occur that week
- when possible, combine tasks to reduce effort; (i.e., refill condom and information/educational flyer supplies while talking to truckers at same or nearby location)

## Tuesday

- establish regular meeting time and location with project staff and other peer educators
- make arrangements with project office to pick up enough supplies to last until the next meeting

## Wednesday

- conduct the training that was finalized on Monday; be prepared to distribute flyers and condoms to the participants; schedule individual sessions with interested participants (record appointment times on calendar)

## Thursday

- plan your personal errands/tasks/responsibilities as well as your work related business; sometimes the two can be combined
- \* “talking with vendors in the market about distributing condoms” was a long-term goal that you had noted on your “long-range to do list”; keeping a list of long-term goals allows you to keep track of things which you would like to do eventually but may not have time to do during a particular week; the list can be updated as needed

## Friday

- your own physical and mental health is very important; be sure to eat healthy, get plenty of rest, allow time for recreation and visits with friends (and family)

## Saturday

- demonstrate your willingness to spend time with HIV/ AIDS infected individuals; in addition to making your sick friends feel better, it sets a good example for others who may still be afraid to show they care



## SECTION

## C

## Recruiting and Motivating Others

### Objectives

At the end of this section participants will be able to:

- 1- Identify their reasons for wanting to become a peer educator.
- 2- Describe two strategies for recruiting other peer educators.

### Methodology

Large group discussion, role-plays

### Materials Required

- newsprint/poster board and markers and/or chalk board and chalk
- paper and pens/pencils

### Duration

1 hour 15 minutes; two exercises, 30, 45 minutes

## Facts to Know

### Motivating Factors

Some reasons people decide to become peer educators may include:

- a desire to help others
- a desire to help myself by learning how to prevent STDs/AIDS
- a desire to earn some extra money (or get free condoms to practice and promote safe sex)
- know somebody with AIDS and want to help them as well as prevent new cases
- because somebody important (peer leader, nurse, health educator) asked me to do it because they think I could do a good job
- because all my friends are peer educators and they think I could make a contribution
- other reasons \_\_\_\_\_

Some reasons people decide not to become peer educators might be:

- fear of failure
- lack knowledge of topics
- lack of time (too busy with other work or family matters)
- physical obstacles (i.e., access to transportation, lack permanent housing, etc.)
- other reasons \_\_\_\_\_

## Exercise C.1 (30 minutes)

*Note: Helping peer educators understand their reasons for wanting to help their peers increases their commitment and likelihood for success. Acknowledge that being a good peer educator means lots of hard work which can be physically and emotionally draining. To reduce the chance of their becoming discouraged and quitting because they are tired (burned-out), encourage them to talk with family and friends and provide support for each other.*

The facilitator will:

- 1- **Ask each participant to share with the group their reasons for wanting to become a peer AIDS educator. Record a list on poster board or a chalkboard of the various reasons cited (allot about 15 minutes). Some possible reasons are included in the "Facts to Know" box.**
- 2- **Ask the participants to list some of the reasons why otherwise qualified people may not want to be peer educators. Record the list on poster board or a chalkboard (allot about 15 minutes). Some possible reasons are included in the "Facts to Know" box. This list will be used in the next exercise.**
- 3- **Review the important points and ask for feedback from the participants**



## Facts to Know

### Recruiting Qualified Peers

In many cases, qualified people may not want to become a peer educator because their perceptions and decisions are based on incorrect information. A persuasive presentation of the facts by a highly motivated peer can often work to convince a candidate. Shown below are some arguments that can be used with reluctant peers.

If the candidate mentions:

- fear of failure— tell him/her that everyone is somewhat afraid but with training and the ongoing support of peers and staff, the fear subsides and makes way for great accomplishments
- lack knowledge of topic— the project provides initial and continuing training and materials
- lack of time— although the time commitment is great, the training helps you to organize and work efficiently; or it may be possible to work fewer hours, act as an assistant, or fill in as a substitute educator when needed
- physical obstacles— in most cases some arrangements can be made to overcome these impediments; solutions which are not apparent to an individual are often easily solved using the resources of the whole group
- other reasons \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Exercise C.2 (45 minutes)

*Note: Because the tasks of the peer educator are so important to the success of the project, it is important to recruit qualified people for the job. The best method for recruiting new peer educators is to ask the people who are already peer educators. Peer educators know the qualities that make people good educators and they know who others in the community respect. This exercise encourages peer educators to involve other peers who would make a valuable addition to the team.*

The facilitator will:

- 1- **Divide participants into small groups** of three participants each. Ask each group to **select one of the reasons for not becoming a peer educator** from the list developed in the previous exercise. Instruct the group members to **develop a role-play** showing how they would convince a “reluctant but qualified” friend to become a peer educator. The group members should assume the roles of: 1) peer educator, 2) “reluctant but qualified” friend, and 3) an observer to evaluate the role-play and make suggestions for improvement (allot about 10 minutes to plan and practice).
- 2- **Bring the groups back together.** Ask each small group to **perform their role-play for the whole group** (allot about 20 minutes).
- 3- After all the role-plays have been performed, **discuss how convincing and effective the arguments and strategies were** (allot about 15 minutes).

**Use the following questions to start a discussion:**

- Do you think the strategies demonstrated by the groups will work? Why or why not? How can they be improved?
- Are there some additional incentives and support that the project can provide? Does the project have the resources to provide them?
- In addition to recruiting your peers, what are some other things that can be done to recruit educators? What can other people (project staff, ministry officials, etc.) do to help recruit peer educators?

**Record the suggestions** on poster board or a chalkboard. Several possible suggestions are recorded in the “Facts to Know” box.

- 4- **Review the important points and ask for feedback from the participants.**



# SECTION

# D

## Evaluation and Closing

### Objectives

At the end of this section participants will have:

- 1- Completed a workshop evaluation form.
- 2- Received a certificate of workshop completion..

### Methodology

Individual and large group activity

### Materials Required

- pens/pencils
- workshop evaluation forms
- certificates of workshop completion

### Duration

1 hour; two exercises, 30, 30 minutes

## Facts to Know

### SEE FIGURE D.1



The figure includes a possible workshop evaluation form. The evaluation form gives the participants a chance to let the facilitators know what they think. This feedback allows the workshop facilitator(s) to improve their own training style as well as modify the workshop format and exercises. The form should be modified as needed to meet the needs of the workshop participants.

## Exercise D.1 (30 minutes)

*Note: If some participants have difficulty reading and writing, it may be necessary to conduct individual interviews and record responses for those who require help. If the majority of participants have difficulty reading and writing, it may be better to complete the evaluation form as a group exercise. Remember that feedback collected through an interview or during a group discussion may be less accurate than feedback gained when participants complete the forms independently.*

The facilitator will:

- 1- **Review the list of participants' expectations recorded during "Introduction to the Workshop" exercises, page 5. Briefly discuss whether the expectations were fulfilled.**
- 2- **Distribute the evaluation forms** to the participants. A sample form, Figure D.1, appears on page 120.
- 3- **Briefly review the purpose of the evaluation form and read the questions to the participants.**
- 4- Ask each participant to **complete the form**. Encourage participants to be as specific and honest as possible.
- 5- Tell the participants **where to put the completed forms**.

# Workshop Evaluation

Date \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Workshop Location

---

Facilitator's Name(s)

---



---

*Please use the back of the page for any additional comments.*

***Please answer the following questions:***

- 1- Which activities did you enjoy the most? Why?
  
- 2- Which activities do you think will be the most helpful to you? Why?
  
- 3- What skills or new ideas did you learn?
  
- 4- Are there other skills that you think you will need? Or other topics that you think you need to know more about?
  
- 5- Do you think the workshop would be useful to other peer educators? Why?
  
- 6- How would you rate the workshop overall?  
 very good      good      average      fair      poor
  
- 7- How would you rate the facilitator's understanding of the topics?  
 very good      good      average      fair      poor
  
- 8- How would you rate the facilitator's energy, understanding, and responsiveness to the needs of the group?  
 very good      good      average      fair      poor



## Facts to Know

SEE FIGURE D.2 ► ► ► ►

*The figure includes a possible workshop completion certificate. Certificates reinforce the participants' feeling of accomplishment. The certificate should be modified as needed to meet the needs of the workshop participants.*

## Exercise D.2 (30 minutes)

*Note: If possible, arrange a small awards ceremony to formally acknowledge the participants' accomplishments. If a representative from the local health ministry can be present, ask him/her to participate by speaking to the group and distributing the certificates. Remember, certificates will need to be created, signed and filled out in advance.*

The facilitator and/or health ministry representative will:

- 1- **Congratulate the participants** for completing the workshop and making the commitment to help their peers.
- 2- **Distribute a certificate** to each participant. A sample certificate, Figure D.2, appears on page 122.
- 3- **Make any other announcements.**
- 4- **Thank everyone for coming and bid them farewell.**

**(Name of the Organization Providing Training Workshop)**

This is to certify that

**(Name of the Person Receiving Certificate)**

has successfully completed the Peer Educator Training Workshop in the  
Prevention of STDs Including HIV/AIDS

(Location, Country)

(Dates of Training)

\_\_\_\_\_  
(Ministry or Other Authorized Official)

(Title of Authorized Official)

\_\_\_\_\_  
(Workshop Facilitator)

(Title of Workshop Facilitator)

Appendices Contents

Appendix 1: Glossary

Appendix 2: Suggested Workshop Agenda

Appendix 3: Resources for Additional Information

Appendix 4: Bibliography

REFERENCES

**Appendices**



# APPENDIX

# 1

## Glossary

### *STD/AIDS Prevention Terminology*

**AIDS (acquired immune deficiency syndrome)**- a condition associated with a virus (HIV) that reduces a person's ability to fight certain types of infections.

acquired- obtained or contracted, not inherited.

immune- the body's defense system, provides protection from most diseases.

deficiency- a defect or weakness, unable to respond; when linked with the immune system, this means that the system is not able to perform its functions and combat antigens.

syndrome- a group of symptoms and diseases that indicate a specific condition; it is not, by itself, a disease.

**anal sex**- intercourse in which a man places his penis into either a woman's or another man's anus, or buttocks. STDs and HIV/AIDS can be transmitted through anal sex.

**antibiotics**- a medicine that stops the growth of microorganisms. Antibiotics can only be used to treat infections caused by organisms which are sensitive to them, such as bacteria or fungi.

**antibody**- a natural defense produced by the immune system when an antigen enters the body. Its purpose is to protect the body from disease by countering or marking the antigen for destruction.

**antifungal**- any medicine that kills fungi. Fungi are simple plant-like organisms such as yeasts, rusts, molds, and mushrooms. Some yeasts cause disease in people while others are good. Some antibiotics are made from molds.

**antigen**- any substance the human body regards as foreign or potentially dangerous and against which it produces an antibody. HIV is an antigen.

**asymptomatic**- having an antigen in the body but showing no outward symptoms. People infected with HIV who are asymptomatic may transmit HIV or other STDs.

**atypical**- unexpected, not common, irregular, or unusual.

**bacteria-** a group of microorganisms that live in soil, air, and water, as well as on people, animals, and plants. Some bacteria are harmless but others cause diseases by making poisons.

**breast-** the mammary gland of a woman. Each breast is made up of tissues that can make milk. These tissues are surrounded by fat tissue..

**buttock-** the rounded fleshy part of the rump.

**chancroid-** soft sore, a venereal disease caused by a bacteria. Results in enlargement and ulceration of lymph nodes in the groin.

**chlamydia-** common name for sexually transmitted infections caused by the *Chlamydia trachomatis* organism.

**chronic-** describes a disease that lasts a long time with very slow changes in the body. Such a disease often comes on slowly. The term does not necessarily mean the symptoms are severe.

**condom-** a protective covering that fits over the penis or inside the vagina (female condom) and provides a barrier to prevent passing sperm or antigens from one partner to another during intercourse.

**conjunctivitis-** inflammation of the eye, which becomes red and swollen and produces a watery or pus-like discharge. It causes discomfort rather than pain.

**dementia-** chronic or persistent disorder of the mental processes due to organic brain disease. It is marked by memory disorders, changes in personality, impaired ability to think, and disorientation.

**diarrhoea-** frequent emptying of the bowel or passage of very soft or liquid feces. Bad diarrhoea that lasts a long time may lead to excess losses of fluid, salts, and nutrients.

**excretions-** wastes removed from the body; through the actions of the kidneys, through the sweat glands, breathed out as vapors from the lungs, and as feces from the digestive tract.

**fever-** a rise in body temperature above normal; above an oral temperature of 98.6°F (37°C) or a rectal temperature of 99°F (37.2°C). Fever is generally accompanied by shivering, headache, nausea, constipation, or diarrhoea. Fevers are caused by bacterial or viral infections.

**genital-** relating to the reproductive organs.

**glands-** an organ or group of cells that specializes in synthesizing and secreting certain fluids.

**gonorrhoea-** a sexually transmitted disease caused by a bacteria that effects the genital mucous membranes. In men, symptoms include pain and/or a burning feeling during urination and discharge of pus from the penis. Women may have an abnormal vaginal discharge, abnormal menses, or be asymptomatic.

**granuloma inguinale-** an sexually transmitted disease caused by a bacteria. Marked by a pimply rash on and around the genitals which develops into nodules under the skin. Nodules erode to form beefy, exuberant ulcers that are painless, bleed on contact, and enlarge slowly.

**groin-** the external depression on the front of the body where the abdomen and thighs meet.

**hepatitis B-** caused by a virus. There is no treatment but a vaccine is available for persons at risk of infection. Often asymptomatic, however, when symptoms are present they may include skin eruptions, itchy rash, exhaustion, arthritis, loss of appetite, nausea, vomiting, headache, fever, dark urine, jaundice, liver enlargement and tenderness.

**herpes-** caused by a virus with no known cure. Often asymptomatic, however, when symptoms are present they may include single or multiple blisters anywhere on the genitals. Blisters rupture to form shallow painful ulcers that heal with little scarring. Symptoms from the infection may happen from time to time. Avoid sex when lesions are present, some risk of transmission exists when lesions are not present.



**HIV antibody test-** a laboratory test to detect the presence of HIV antibodies (the body's response to HIV infection). It is not a test for AIDS.

**ELISA** (Enzyme Linked Immunosorbent Assay)- a simple, inexpensive test for HIV antibodies.

**Western Blot-** more specific and accurate than the ELISA test. It is expensive and often used to confirm positive ELISA test results.

**human immunodeficiency virus (HIV)-** the virus that is associated with AIDS.

**Incubation period-** the period between transmission of a virus or other antigen and the appearance of the first symptom or sign of infection. The incubation period for HIV can be very long (up to ten years from initial infection).

**intercourse-** the sexual act of a penis being placed into a woman's vagina or another man's anus (vaginal intercourse and anal intercourse).

**lesions-** damaged tissue; a result of disease or wounding. Includes abscesses, ulcers, tumors, and direct injuries.

**lymph nodes-** swellings along the lymph system that act as filters to prevent foreign particles from entering the blood stream. The lymph system carries electrolytes, water, proteins, etc. from the tissues to the bloodstream.

**malaise-** a general feeling of being unwell. The feeling may be accompanied by specific physical discomfort which indicates the presence of a disease.

**masturbation-** the act of exciting the male or female genitals to orgasm, usually by means other than intercourse, such as by hand.

**menses-** the blood and other materials that leave a woman's body during menstruation.

**mucous membranes-** the moist tissue lining many of the tube-like structures and holes of the body, including the nasal passages, mouth and throat, urinary tract, vagina, and other areas of the body.

**nausea**- the feeling that one is about to vomit.

**nerve**- fiber that transmits impulses outward from the brain or spinal cord to the muscles and glands or inward from the sense organs to the brain and spinal cord.

**nodules**- a small swelling of cells.

**opportunistic infection**- the diseases which are caused by agents that are often present in our bodies or surroundings that do not cause disease when our immune systems are performing normally.

**oral sex**- the act of stimulating the male or female genital areas with the mouth.

**penis**- the male reproductive organ for copulation (ejaculation of sperm) and for urinating.

**pneumonia**- inflammation of the lung caused by bacteria, in which the air sacs fill up with pus so that air cannot pass through the lung. Symptoms include cough and chest pain.

**protozoa**- a small group of microscopic single-celled animals. Some protozoa cause diseases in people.

**semen**- a body fluid produced by the male reproductive system that contains sperm (the male cell that fertilizes the female egg at the time of conception).

**sexually transmitted diseases (STDs)**- diseases passed during sexual contact from an infected person to his/her partner. Common STDs include: chancroid, chlamydia, gonorrhoea, herpes, syphilis, and HIV/AIDS.

**spermicide**- a substance, usually in jelly form, that kills sperm and prevents the transmission of some sexually transmitted diseases. It is used by itself or in conjunction with other contraception devices, including condoms and diaphragms.

**syphilis**- a sexually transmitted disease caused by a bacteria. The primary symptom is a chancre (hard ulcer) at the site of infection. Left untreated the disease progresses into more dangerous stages. In pregnant women, the disease can be transmitted to the developing fetus.

**testicles-** the male reproductive organ that produces and stores sperm.

**thrush-** appears as white patches on the tongue or inside the cheeks; caused by a yeast-like fungus.

**ulcer-** a break in the skin or mucous membrane that does not heal.

**vaccine-** a substance that contains an antigen which has been modified to cause an immune response but not cause infection. It may protect the body against future infection with that antigen by stimulating development of antibodies. There is no vaccine for AIDS nor for most other STDs.

**vagina-** the elastic, muscular canal that extends upward and backward from the vulva to the uterus.

**virus-** a minute particle that is capable of replication but only within living cells. Viruses are capable of causing many diseases. Many of the diseases caused by viruses are controlled by vaccines.

**window period-** the time between when an antigen enters a human body and when antibodies are produced against that antigen. For HIV, the window period is from 3 weeks to 6 months.



### ***Training Terminology***

**brainstorming-** a training technique used to generate as many ideas as possible about a particular topic in a given period of time. Trainees spontaneously express their ideas and thoughts as the facilitator records the responses. No evaluation or criticism is allowed. When the allotted time is passed, the group discusses and evaluates the responses. The responses may be prioritized, categorized or selected for later use, as needed for the task. Sometimes, brainstorming can be used to stimulate discussion, in which case, it would not necessarily be followed by an evaluative process.

**case study-** an account of a problem situation which includes sufficient information to ensure a meaningful discussion of alternative solutions.

**counselling-** a process of one person helping another to help himself/herself. A counsellor helps a person who asks for help by helping him/her cope with problems and adjust to different life situations. In general, counsellors are trained professionals. However, non-professionals can learn useful counselling skills and use them to help others.

**discussion-** an activity wherein a group of people talk over a problem or topic. Some degree of familiarity with and knowledge of the topic to be discussed is necessary. The effectiveness of the discussion is increased with the specificity of the questions discussed and the size of the group. Under 25 people is ideal for a large group discussion. A small group discussion of 3-6 people can involve more people in a conversation.

**empathy-** the ability to see and understand the world of another person as if it were your own. It means entering another person's world. Empathy helps the person feel he/she is not alone.

**evaluation-** a process to determine how well trainees grasped the principles and skills set out in the objectives prior to a training event. An evaluation can be in the form of a discussion or a written or verbal test. In training, it is a way of discovering whether or not the session/workshop has successfully achieved its objectives.

**facilitator-** in the training setting, someone who guides a group of trainees through an activity, enabling participants to learn from each other and the group through discussion, lecture, role-plays, etc. A facilitator replaces the role of the teacher, however, the facilitator does not have all the knowledge. Also referred to as a trainer.

**feedback-** a way of helping another person understand the impact of his/her actions on others. Constant and regular feedback between and among workshop participants and the facilitator can improve the effectiveness of a training session/workshop.

**objectives-** a description of a behaviour or knowledge which learners will be able to exhibit before they can be considered competent in a given subject area/task. For example, "At the end of this workshop, trainees will be able to demonstrate how to put on a condom."

**open-ended questions-** a question that must be answered without a yes or no response. Open-ended questions start with the words what, when, where, how, and why. Open-ended questions are useful in leading discussions because the person responding to such questions talks more on a given subject.

**peer educator-** a person from a community who teaches other members of his/her community about a certain subject. A peer educator does not have formal training in the subject that he/she teaches, but he/she does have respect from and knowledge about his/her community.

**presentation-** a training technique in which the trainer/facilitator presents a topic, skill or subject area with the use of a visual aid such as a poster, model, or diagram.

**role-play-** an informal acting out of a given situation. It is an excellent technique for increasing empathy of another's plight; practicing skills; increasing insight into one's own feelings, values and attitudes; building trust in a group; and as a mechanism for experiencing how one might handle a potential situation in real life. It is important to have a group discussion after a role-play in order for the trainees to process the information and learn from their experience.

**skit-** a group role-play. A training technique in which an entire group acts out a particular situation. After the skit, the whole group processes the activity together.

## APPENDIX

## 2

Suggested Workshop  
Agenda

## Day One

Hour	Activity	Duration
<b>Welcome/Getting Acquainted</b>		
9:00AM	Exercise 1	15 minutes
9:15AM	Exercise 2	45 minutes
10:00AM	Exercise 3	30 minutes
10:30AM	Tea Break	15 minutes

## How Adults Learn Best

10:45AM	Exercise 1	45 minutes
11:30AM	Exercise 2	15 minutes
11:45AM	Exercise 3	45 minutes
12:30PM	Lunch Break	60 minutes (facilitator, see note page 26)

## What Are STDs?

1:30PM	Exercise 1	20 minutes
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## Symptoms of STDs

1:50PM	Exercise 1	20 minutes
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## Information About HIV/AIDS

2:10PM	Exercise 1	20 minutes
2:30PM	Tea Break	15 minutes

## Transmission and Prevention of STDs Including HIV/AIDS

2:45PM	Exercise 1	20 minutes
3:05PM	Exercise 2	20 minutes
3:25PM	Exercise 3	20 minutes
3:45PM	Exercise 4	30 minutes
4:15PM	Social Time*	TBA

\* social time may consist of drinks and dinner, video or film showings, and/or informal conversation.



**Day Two**

<i>Hour</i>	<i>Activity</i>	<i>Duration</i>
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**Explicit Language**

9:00AM	Exercise 1	30 minutes
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**Female and Male Body Parts and Functions**

9:30AM	Exercise 1	25 minutes
9:55AM	Exercise 2	20 minutes
10:15AM	Exercise 3	30 minutes
10:45AM	Tea Break	15 minutes

**How AIDS Affects Women**

11:00AM	Exercise 1	30 minutes
11:30AM	Exercise 2	60 minutes
12:30PM	Lunch Break	60 minutes

**Basic Counselling Skills**

1:30PM	Exercise 1	15 minutes
1:45PM	Exercise 2	30 minutes
2:15PM	Exercise 3	60 minutes
3:15PM	Tea Break	15 minutes

**Caring for a Person with AIDS' Physical Needs**

3:30PM	Exercise 1	30 minutes
4:00PM	Exercise 2	15 minutes
4:15PM	Social Time	TBA

**Day Three**

<i>Hour</i>	<i>Activity</i>	<i>Duration</i>
<b>Myths About Condoms</b>		
9:00AM	Exercise 1	20 minutes
9:20AM	Exercise 2	25 minutes
<b>Why Use Condoms</b>		
9:45AM	Exercise 1	30 minutes
<b>Using Condoms Correctly</b>		
10:15AM	Exercise 1	15 minutes
10:30AM	Exercise 2	15 minutes
10:45AM	Exercise 3	15 minutes
11:00AM	<i>Tea Break</i>	15 minutes
<b>Condom Care and Disposal</b>		
11:15PM	Exercise 1	30 minutes
<b>Negotiating Condom Use</b>		
11:45PM	Exercise 1	15 minutes
12:00PM	Exercise 2	45 minutes
12:45PM	<i>Lunch Break</i>	60 minutes
<b>Condom Distribution</b>		
1:45PM	Exercise 1	15 minutes
<b>What is Effective Communication?</b>		
2:00PM	Exercise 1	30 minutes
2:30PM	Exercise 2	30 minutes
3:00PM	<i>Tea Break</i>	15 minutes
<b>Using Visual Aids</b>		
3:15PM	Exercise 1	90 minutes
4:45PM	<i>Social Time</i>	TBA

**Day Four**

<i>Hour</i>	<i>Activity</i>	<i>Duration</i>
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**Talking to Your Peers**

9:00AM	Exercise 1	30 minutes
9:30AM	Exercise 2	60 minutes
10:30AM	Tea Break	15 minutes

**Talking to Groups**

10:45PM	Exercise 1	60 minutes
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**Role of Peer Educators**

11:45PM	Exercise 1	45 minutes
12:30PM	Lunch Break	60 minutes

**Developing and Evaluating Your Work Plan**

1:30PM	Exercise 1	20 minutes
1:50PM	Exercise 2	40 minutes

**Recruiting and Motivating Others**

2:30PM	Exercise 1	30 minutes
3:00PM	Tea Break	15 minutes
3:15PM	Exercise 2	45 minutes

**Closing Remarks**

4:00PM	Evaluation	30 minutes
4:30PM	Awards	TBA



# APPENDIX

# 3

## Resources for Additional Information

### *East Africa*

African Medical and Research Foundation (AMREF) Tanzania

P.O. Box 2773

Dar es Salaam, Tanzania

Telephone: 255-51-46785

Fax: 255-51-46440

AIDSCAP/AIDSTECH

Tanzania Resident Coordinator

P.O. Box 3219

Dar es Salaam, Tanzania

Telephone: 255-51-41247

Fax: 255-51-30966

AIDSCOM Tanzania Resident Coordinator

c/o USAID

P.O. Box 9130

Dar es Salaam, Tanzania

Telephone: 255-51-71726

Tanzania National AIDS Control Programme

Ministry of Health

P.O. Box 9838

Dar es Salaam, Tanzania

Telephone: 255-51-38281

Tanzania Red Cross

P.O. Box 1133

Dar es Salaam, Tanzania

Telephone: 255-51-20464

**WAMATA**

c/o Alfred Lugimbana  
P.O. Box 60849  
Dar es Salaam, Tanzania  
Telephone: 255-51-26980

**African Medical and Research Foundation (AMREF) Kenya**

P.O. Box 30125  
Nairobi, Kenya  
Telephone: 254-2-502510

**Crescent Medical Aid Kenya**

Jamia Towers  
Muranga Road  
P.O. Box 33041  
Nairobi, Kenya  
Telephone: 254-2-332618

**The AIDS Support Organization (TASO)**

Plot 21  
Kitante Road  
Kampala, Uganda  
Telephone: 256-41-231138

**Europe**

**ActionAid**

Hamlyn House

Archway

London N19 5PG UK

Telephone: 44-71-2814101

Fax: 44-71-2720899

**AIDS Action**

Appropriate Health Resources and Technologies Action Group (AHRTAG)

1 London Bridge Street

London SE1 9SG UK

Telephone: 44-71-3781403

Fax: 44-71-4036003

**Panos Institute**

9 White Lion Street

London N1 9PD, UK

Telephone: 71-278-1111

Fax: 071-278-0345

**Teaching AIDS At Low Cost (TALC)**

P.O. Box 49

St. Albans

Herts. AL1 4AX, UK

Telephone: 44-727-53869

Fax: 44-727-46852

**World Health Organization**

Global Programme on AIDS

1211 Geneva 27, Switzerland

Telephone: 45-22-7914660



**United States**

Academy for Educational Development  
1255 23rd Street, N.W.  
Washington, DC 20037  
Telephone: 202-862-1900

Family Health International  
P.O. Box 13950  
Research Triangle Park, NC 27709  
Telephone: 919-544-7040  
Fax: 919-544-7261

Family Health International (AIDSCAP)  
2101 Wilson Blvd., Suite 700  
Arlington, VA 22201  
Telephone: 703-516-9779  
Fax: 703-516-9781

National Council for International Health  
1701 K Street, N.W., Suite 600  
Washington, DC 20006  
Telephone: 202-833-5905  
Fax: 202-833-0075

Program for Appropriate Technology in Health  
1990 M Street, N.W., Suite 700  
Washington, DC 20036  
Telephone: 202-822-0033  
Fax: 202-457-1466

# APPENDIX

# 4

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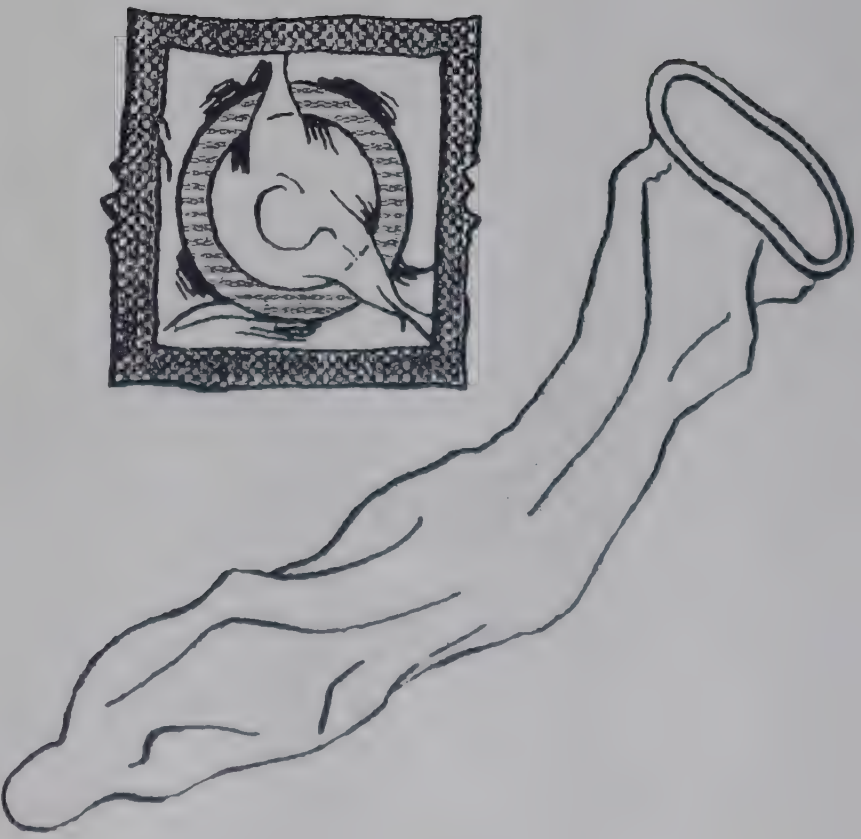
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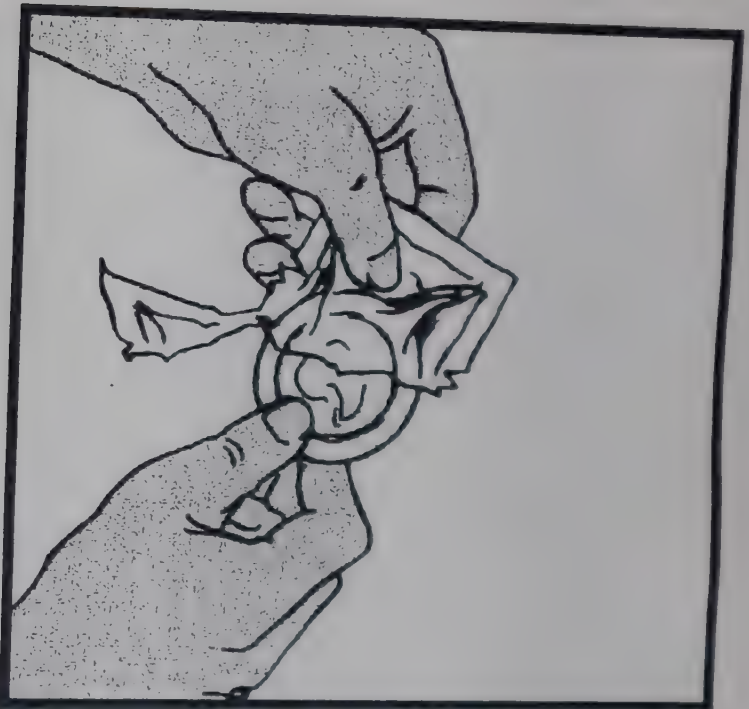
# Condom Use Cards



**Instructions:** Cut out or photocopy on heavy paper the cards on the next four pages for use in Exercise 6.C.2.



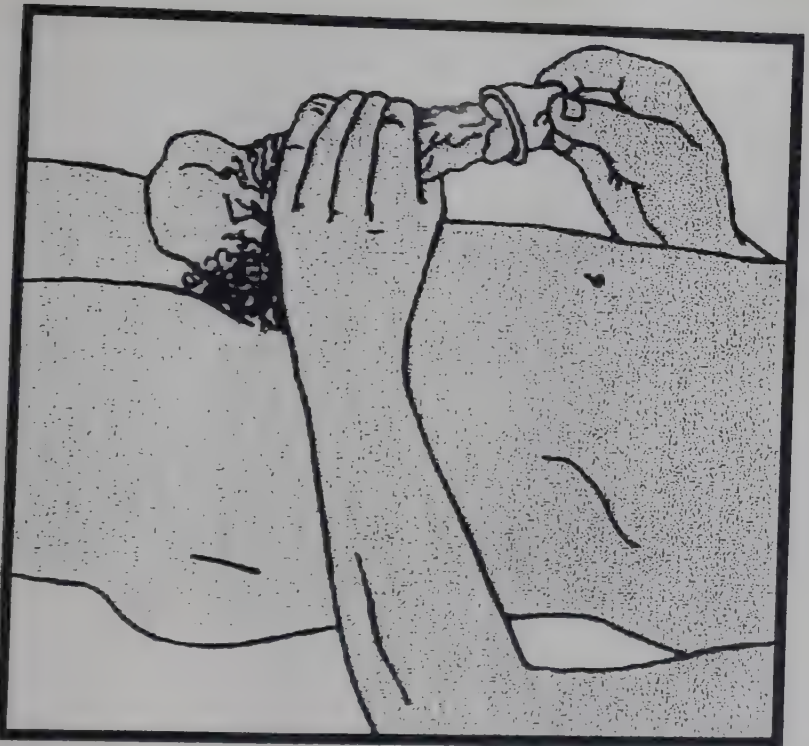




Carefully open the package so the condom does not tear. Do not unroll condom before putting it on.

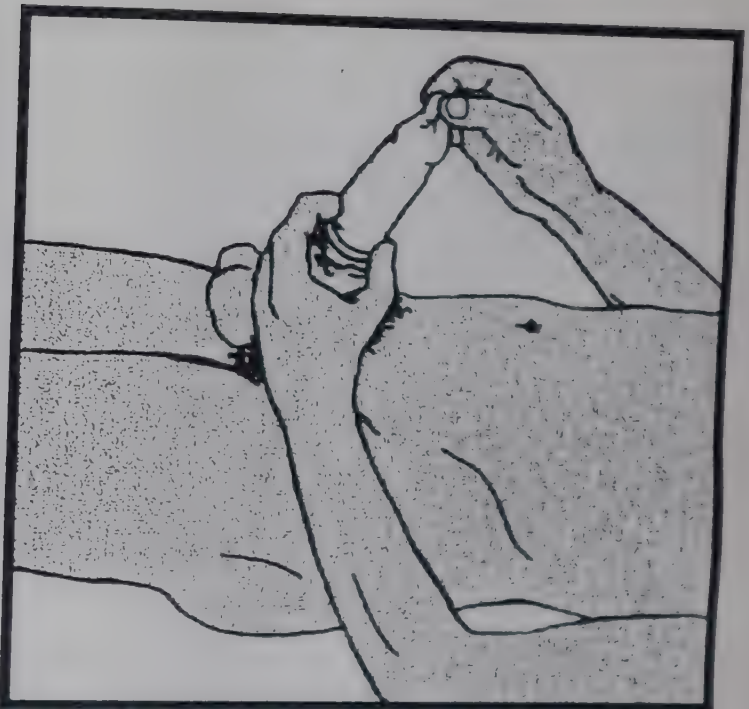
cut here

cut here



If not circumcised, pull foreskin back. Squeeze tip of condom and put it on end of hard penis.

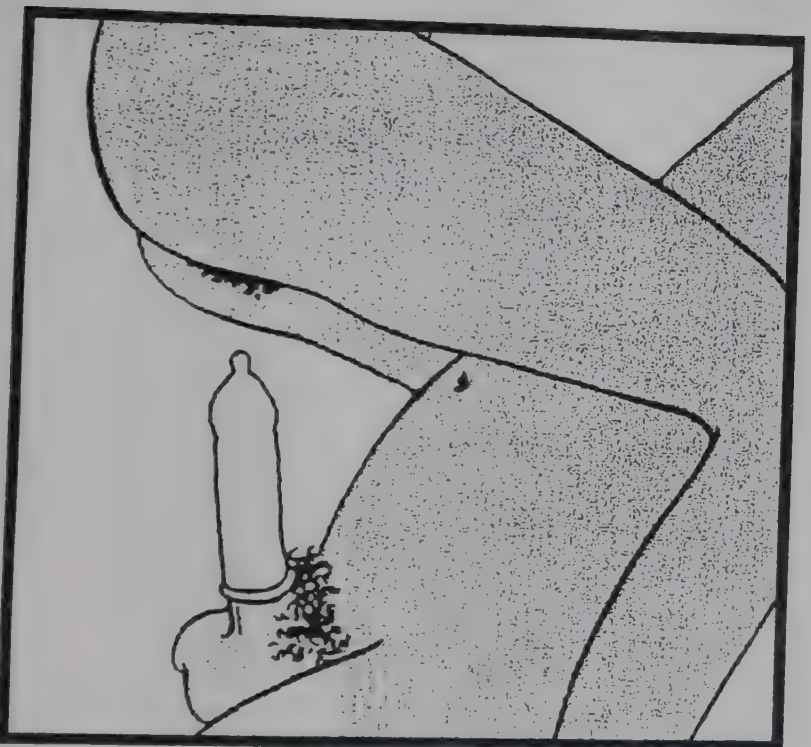




Continue squeezing tip  
while unrolling condom  
until it covers all of penis.

cut here

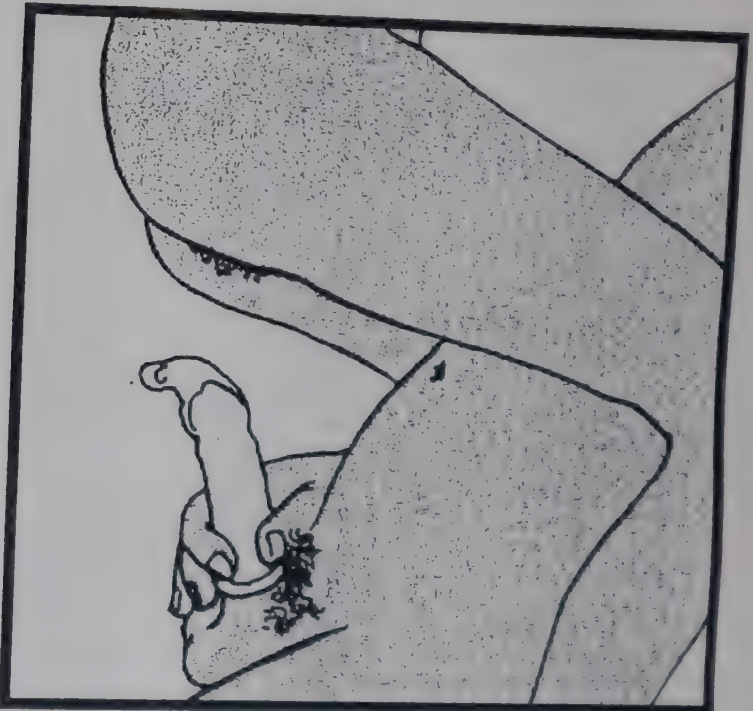
cut here



Always put on a condom  
before entering partner.



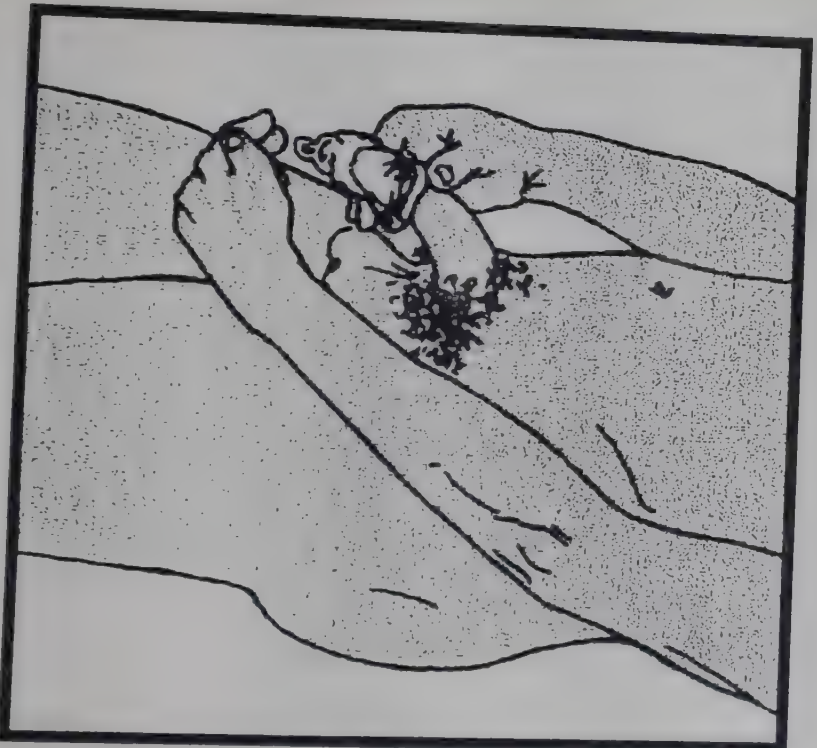




After ejaculation (coming),  
hold rim of condom and  
pull penis out before  
penis gets soft.

cut here

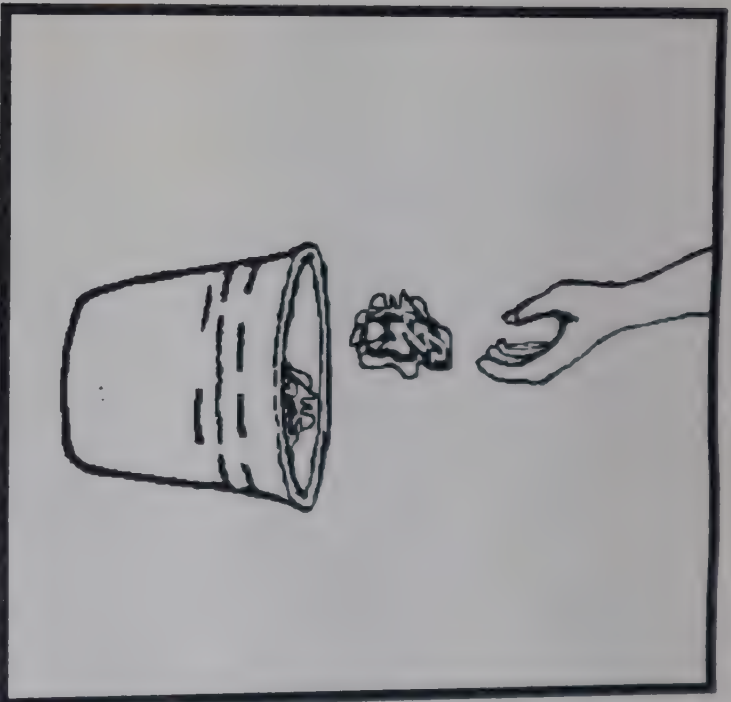
cut here



Slide condom off without  
spilling liquid (semen)  
inside.



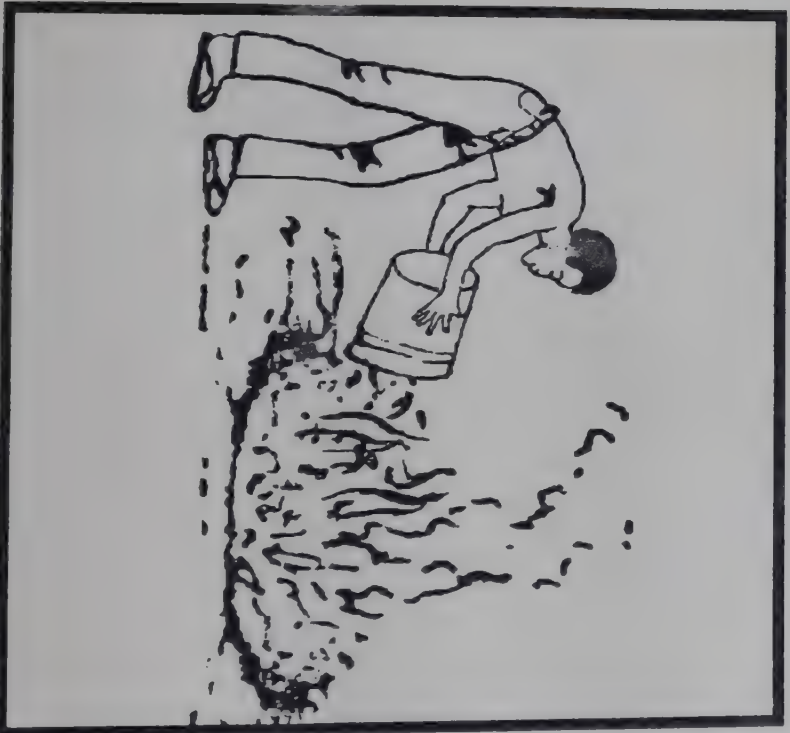




**Tie and wrap the condom  
(in paper, if available)  
then throw in dust bin.  
Wash hands.**

cut here

cut here



**Burn or bury the condom  
with other trash. Wash  
hands.**



















